



ST. CLOUD AREA FAMILY YMCA  
FINANCIAL ASSISTANCE FORM

**Financial Assistance Procedures:**

Within the limits of available funding, the YMCA believes that no one should be denied membership or program services because of a proven inability to pay the full cost of participation.

**NEW Applicants:**

1. Please share what you intend to do at the YMCA if you receive a membership and/or program scholarship and how this would benefit you/your family. If you are willing to add a message of thanks to the donors who provide funds for our scholarship program, you may do so anonymously (we remove last names). We may share your words of appreciation with the individuals and companies whose gifts make scholarships possible. If you are willing to help us raise funds for this program, please speak to a YMCA director for information.
2. Thoroughly complete and sign the Financial Assistance Form (please note it is two-sided).
- 3. Please attach verification of your current total household income. Verification documentation to include at least 3 recent paystubs OR the front page of your most recent tax forms. If you receive government assistance (social security, food support, etc.), please include all financial award information, including your food support award. Applicants receiving assistance that do not provide food support award information will not be processed until such information is provided.**
- 4. Return the application items to the St. Cloud Area Family YMCA for review.**

**RENEWAL Applicants:**

1. Please share what you intend to do at the YMCA if you receive the membership and/or program assistance and how this would benefit you/your family. If you are willing to add a message of thanks to the donors who provide funds for our scholarship program, you may do so anonymously (we remove last names), and may share your words of appreciation with the individuals and companies whose gifts make this possible. If you would like to help us raise funds for this program, please speak to a director.
2. Thoroughly complete and sign the Financial Assistance Form (please note it is two-sided).
- 3. Please attach verification of your current total household income. Verification documentation to include at least 3 recent paystubs OR the front page of your most recent tax forms. If you receive government assistance (social security, food support, etc.), please include all financial award information, including your food support award. Applicants receiving assistance that do not provide food support award information will not be processed until such information is provided.**
4. Complete the brief renewal survey if you've received a scholarship before.
- 5. Return the application items to the St. Cloud Area Family YMCA for review.**

The YMCA staff will attempt to contact you to notify you of the status of your request for financial assistance via telephone. **If you have not been notified within 2 weeks of application submission, please contact the YMCA at (320) 253-2664.** Award period is 1 year, after which re-application is required. If you wish to discuss your application or have questions regarding memberships, please contact the YMCA.



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Staff only:
Date Received: ____/____/____
Date Called: ____/____/____
Spoke to ____ Left Message ____

OUR FUNDING IS PROVIDED IN PART BY THE ANSWERS TO THESE QUESTIONS, PLEASE FILL OUT THE FORM COMPLETELY.

DATE \_\_\_\_\_ NEW APPLICANT \_\_\_\_\_ RENEWAL APPLICANT \_\_\_\_\_

Name: \_\_\_\_\_ **Membership Type:** Family Adult  
 (Circle one)  
 Ethnicity \_\_\_\_\_ Youth Senior Couple Senior

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

**PERSONAL INFORMATION**

Number of adults in the home: \_\_\_\_\_ Number of Dependants: \_\_\_\_\_

**Ethnicity:** Please use the abbreviations below to fill in Ethnicity.

Asian/Pacific Islander (AP)	African American/Black (AAB)	Hispanic (H)	Other (O)
Caucasian/White (CW)	Native American (NA)	Somali (S)	Unspecified (U)

**List Spouse/Significant Other and Dependants only: Ethnicity**

1. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_
2. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_
3. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_
4. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_
5. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**I AM APPLYING FOR:** \_\_\_\_\_ Membership \_\_\_\_\_ Programs \_\_\_\_\_ Supervised Visits/Exchanges

Are you employed? \_\_\_\_\_ Employer \_\_\_\_\_

Is your spouse employed? \_\_\_\_\_ Employer \_\_\_\_\_

Your Monthly Gross Income \$ \_\_\_\_\_ Spouse's Monthly Gross Income \$ \_\_\_\_\_

If you receive state, federal, or county aid, food support, etc. Please list below and include copies of anything listed. \_\_\_\_\_

Please share your reason for needing financial assistance. (If more space is needed please attach an additional page.) \_\_\_\_\_



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Scholarships are awarded in 1 year increments and can be paid monthly via bank drafts (electronic funds transfer: EFT) or paid in full for 6 months or 1 year at a time. After 1 year (or 6 months, if prepaid only for 6 month) a new scholarship form must be completed and turned in with income verification to Member Services.

**Please attach verification of your current total household income. Verification documentation to include at least 3 recent paystubs OR the front page of your most recent tax forms. If you receive government assistance (social security, food support, etc.), please include all financial award information, including your food support award. Applicants receiving assistance that do not provide food support award information will not be processed until such information is provided.**

This application is not to be considered a guarantee of Financial Assistance. The undersigned acknowledges that the information contained in this application is considered confidential and will be made available to employees and officers, agents or others where it is reasonably necessary to review Financial Assistance Funds. Pertinent information concerning the applicant may also be made available to persons providing funding for scholarships. **Lack of correct information can result in disqualifying the application.**

I certify that the information I have provided is accurate and correct to the best of my knowledge. I further authorize the staff and policy volunteers at the YMCA to make whatever inquiries deemed necessary to verify the information printed above.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

Please return to : St. Cloud Area Family YMCA  
1530 Northway Drive  
St. Cloud, MN 56303  
320-253-2664 **FAX:** 320-253-1252

If you have not been contacted by the St. Cloud Area Family YMCA after 2 weeks, please contact us. This could be an indication that we do not have your complete information.

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**YMCA USE ONLY**

Membership Scholarship Approved: \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type: \_\_\_\_\_ % off: 20% 40% 60%

Monthly amt due \$ \_\_\_\_\_ **OR** Annual amt due \$ \_\_\_\_\_

Program Approved: \_\_\_\_ Yes \_\_\_\_ No % off: 25% 50%

Supervised Visit/Exchange Approved: \_\_\_\_ Yes \_\_\_\_ No % off: 25% 50%



## St. Cloud Area Family YMCA Membership Renewal Survey

All YMCA programs and memberships are intended for the development of the whole person – spirit, mind and body. In order for our YMCA to meet these goals, we need your feedback. Please take a moment to complete this brief questionnaire and return it with your membership application to the YMCA Membership Director.

1. Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

2. List all program areas/activities you and/or your family participate in at the YMCA:

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3. What reason(s)/needs do you have for using these YMCA Program(s) and/or facilities?

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4. How have you benefited from having a YMCA membership? *(Circle all that apply)*

\*Developed Friendships

\*Gained Knowledge

\*Social Interaction

\*Learned/Improved sport skills

\*Increased Self-Esteem

\*Involved in healthy activities

\*Weight Management

\*Networking/Support

\*Stress Control

\*Mentoring

\*Other; please list: \_\_\_\_\_

\*Focused on values (respect, caring, etc)

5. How helpful was the Member Services staff? *(Circle one)*

Very Helpful

Helpful

Somewhat Helpful

Not Helpful

6. How adequate was the facility and equipment to meet your needs?

Very Adequate

Adequate

Somewhat Adequate

Not Adequate

7. How clean was the facility and equipment that you used?

Very Clean

Clean

Somewhat Clean

Not Clean

8. Would you recommend the YMCA to a friend?      Yes      No

9. How did you initially hear about the YMCA? \_\_\_\_\_

10. Other comments regarding the YMCA Services: *(please use the back for additional comments)* \_\_\_\_\_

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11. If you would like a staff person to contact you, please list your name and phone number below:

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Thank you for your feedback.