



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**NORTH SUBURBAN YMCA**

2705 Techny Road  
Northbrook, IL 60062  
[www.nsymca.org](http://www.nsymca.org)  
Phone: 847-272-7250

Dear Applicant:

The North Suburban YMCA makes financial assistance available for YMCA members and programs to families or individuals in need. As part of its mission, the North Suburban YMCA welcomes family and individual involvement in the YMCA as it strives to nurture a healthy spirit, mind and body for all participants.

The North Suburban YMCA Scholarship Assistance Program is set up as a cooperative effort. The recipient pays a percentage of membership and programs fees and a percentage is waived based upon established need. The YMCA Scholarship Program is supported by donation from businesses, individuals and foundations through solicitation of charitable contributions.

In order to apply for financial assistance, applicants must presently reside in our service area year round and have been doing so for at least six months prior in order to be eligible for consideration. Financial Assistance for membership and programs will be provided for one year to qualified candidates. Scholarship recipients may apply annually for continuation in the Scholarship Program.

Interested candidates must complete the attached form and return it with the requested information in order to be considered for financial assistance. Upon receipt of all the required information the file will be reviewed and a recommendation made via letter within 3-4 weeks.

Should you have further questions, please do not hesitate to contact me.

Sincerely,

Sharon Dutkowski  
Membership Director

Attachment: Financial Assistance Application



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**NORTH SUBURBAN YMCA**

2705 Techny Road  
Northbrook, IL 60062  
www.nsymca.org  
Phone: 847-272-7250

**FINANCIAL AID REQUEST FORM**

Thank you for applying at the North Suburban YMCA for financial assistance. All applications are reviewed on a monthly basis. All information given on the application is private and confidential and will be used for determining financial aid for the North Suburban YMCA membership and programs only. Your request will be reviewed by the Scholarship Committee and a recommendation will be made within 4-5 weeks.

Membership and Programs registered for prior to scholarship approval will not be considered for scholarship assistance. Scholarship assistance is valid toward future membership and programs only.

ALL INFORMATION MUST BE LEGIBLY PRINTED IN ORDER TO BE PROCESSED. Approved financial assistance requests are valid for 30 days from date of approval. After 30 days, the scholarship is considered null and void and the applicant must reapply. If renewing your financial assistance, you must process a new application **1 month** before your current financial assistance expires. All information must be completed in full. Applicant must make copies of returns, statements and other documents at their own expense.

Please indicate the membership type you are applying for:

Family  Single Parent Family  Adult  Youth  Senior Family  Senior Adult

**PARTICIPANT INFORMATION**

NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE home: \_\_\_\_\_ cell: \_\_\_\_\_ e-mail \_\_\_\_\_

MARRIED \_\_\_\_\_ WIDOWED \_\_\_\_\_ DIVORCED \_\_\_\_\_ SINGLE \_\_\_\_\_ LEGALLY SEPARATED \_\_\_\_\_

SPOUSES NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

**DEPENDENT CHILDREN (age 17 years and under or at college to age 22) RESIDING AT ABOVE ADDRESS:**

NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

**VERIFICATION STATEMENT:**

I certify that the information I provide to the North Suburban YMCA in this application for financial assistance is true. I understand that providing false information will make me ineligible for participation in North Suburban YMCA programs and membership at a reduced fee. I further understand that this information will be kept confidential and I shall be notified in writing by the North Suburban YMCA of its decision.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Our mission: The North Suburban YMCA promotes values that build strong families and the health of each individual's spirit, mind and body in an inclusive, welcoming environment.



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**NORTH SUBURBAN YMCA**

2705 Techny Road  
Northbrook, IL 60062  
www.nsymca.org  
Phone: 847-272-7250

**GENERAL INFORMATION**

1. Have you received North Suburban YMCA Financial Assistance before? Yes \_\_\_\_ No \_\_\_\_
2. How did you hear about our Financial Assistance Program?
3. How will this program be of benefit to you and/or your family?
4. Please explain any unusual expenses or circumstances you and/or your family has that we should be aware of (i.e.) financial, medical, disability, etc.:

**EMPLOYMENT VERIFICATION**

*PLACE OF EMPLOYMENT FOR PRIMARY INCOME EARNER:*

COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_ FULL-TIME \_\_\_\_ PART-TIME \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_ YEARLY GROSS INCOME: \_\_\_\_\_

*PLACE OF EMPLOYMENT FOR SECONDARY INCOME EARNER:*

COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_ FULL-TIME \_\_\_\_ PART-TIME \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_ YEARLY GROSS INCOME: \_\_\_\_\_

**REFERENCES**

Please provide names, phone numbers and relationship to you of 2 persons or organizations who have knowledge of your current financial need: (i.e) social worker, religious leader, teacher, principal or employer.

	Name	Phone Number	Relationship to you
1.	_____	_____	_____
2.	_____	_____	_____



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**NORTH SUBURBAN YMCA**

2705 Techny Road  
Northbrook, IL 60062  
www.nsymca.org  
Phone: 847-272-7250

**FINANCIAL STATEMENT - This entire section MUST be completed and all supporting documentation submitted. Your application will not be considered without this information.**

**Required documentation:**

- Last 2 years of IRS Tax Returns
- Your 3 most recent paycheck stubs (unemployment check stubs required if you have been laid off)
- Most recent month of checking account or savings account statement
- Personal letter outlining the request for financial need. This will be written by the person applying for financial aid.

**Additionally, you may provide any of the following documentation:**

- Section 8 Form
- Government program(s) enrollment
- Medical aid card
- One referral letter from a social worker, religious worker, teacher, principal or other professional person verifying you need financial aid.
- If available, copy of divorce or separation papers/DHS acceptance letter

**CURRENT FINANCIAL STATUS OF HOUSEHOLD – this section must be completed.**

*MONTHLY INCOME:*

Salary /wages (take home pay).....	\$ _____
Interest or Dividends.....	\$ _____
Unemployment benefits.....	\$ _____
Child/ Spousal Support.....	\$ _____
Disability /worker's comp.....	\$ _____
Social Security.....	\$ _____
Pension, etc. ....	\$ _____
Food Stamps .....	\$ _____
Other Income (scholarships, tips, etc.)	\$ _____
<b>Total Monthly Income:</b>	<b>\$ _____</b>

*MONTHLY EXPENSES: Supporting documentation must be provided for the items indicated with a \* below:*

*Rent/Mortgage/Real estate taxes.....	\$ _____
Food .....	\$ _____
All Utilities .....	\$ _____
*Child Care .....	\$ _____
Transportation .....	\$ _____
Auto Insurance/Payments .....	\$ _____
Medical/Dental Insurance .....	\$ _____
Clothing/Personal Items .....	\$ _____
Loans/Charge Accounts (list) .....	\$ _____
*Child/Spousal support payments .....	\$ _____
*Tuition/Books .....	\$ _____
*Other (explain) .....	\$ _____
<b>Total Monthly Expenses:</b>	<b>\$ _____</b>

Our mission: The North Suburban YMCA promotes values that build strong families and the health of each individual's spirit, mind and body in an inclusive, welcoming environment.



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**NORTH SUBURBAN YMCA**

2705 Techny Road  
Northbrook, IL 60062  
[www.nsymca.org](http://www.nsymca.org)  
Phone: 847-272-7250

Our mission: The North Suburban YMCA promotes values that build strong families and the health of each individual's spirit, mind and body in an inclusive, welcoming environment.



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**NORTH SUBURBAN YMCA**

2705 Techny Road  
Northbrook, IL 60062  
[www.nsymca.org](http://www.nsymca.org)  
Phone: 847-272-7250

Our mission: The North Suburban YMCA promotes values that build strong families and the health of each individual's spirit, mind and body in an inclusive, welcoming environment.