

STRONG KIDS FINANCIAL AID SCHOLARSHIP APPLICATION

EVERYONE IS WELCOME

The NSYMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Strong Kids Scholarship Program, the NSYMCA provides assistance to youth, adults and families based on individual needs and circumstances.



NORTH SUBURBAN YMCA
2705 TECHNYP, NORTHBROOK, IL 60062
NSYMCA.ORG

OUR MISSION

The mission of the North Suburban YMCA, is to respond to the needs of families through programs that build healthy spirit, mind and body for all.

With a commitment to nurturing the potential of children and families, promoting healthy living and fostering a sense of social responsibility, the NSYMCA ensures that every individual has access to the essentials needed to learn, grow and thrive. Every NSYMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. NSYMCA members can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



GUIDELINES

- Scholarship reduces membership fees: it does not eliminate them.
- Scholarship will be granted for 12 months.
- The NSYMCA requests that individuals and families reapply annually, with updated documentation. If you do not reapply, your membership will expire.
- The NSYMCA encourages scholarship recipients to give back 2 hours of time by volunteering at the Y.
- Membership fees are subject to change when you reapply.
- Scholarship does not apply to all programs.
- Loyalty Point redemptions are not allowed for scholarship.

STRONG KIDS SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Full Name: _____
Gender: _____ DOB: _____
Parent Full Name: _____
(youth members only)
Cell: _____
Employer Name: _____
City: _____

Address: _____
City, State, Zip: _____
Email: _____
Annual Income: _____

Are you Currently a NSYMCA Member? YES NO
Have you ever received NSYMCA Financial Assistance before? YES NO
Would you like us to automatically renew your active membership? YES NO

ALL PERSONS APPLYING FOR ASSISTANCE

Spouse: _____ DOB: _____ Gender: _____
Child: _____ DOB: _____ Gender: _____
Child: _____ DOB: _____ Gender: _____
Child: _____ DOB: _____ Gender: _____
Child: _____ DOB: _____ Gender: _____
Other Dependent: _____ DOB: _____ Gender: _____
Other Dependent: _____ DOB: _____ Gender: _____

REQUIRED DOCUMENTS

- Most current year IRS tax return (gross income and dependents page/pages).
- And/ or additional information to support Scholarship: social security forms, section 8 forms, government aid forms, medical aid forms/card.
- 3 most recent pay/unemployment stubs for each adult in the household
- On a separate sheet of paper please explain how this program will be of benefit to you and your family. Also, please add any additional information, unusual expenses or extenuating circumstances that were not included in the application. (i.e. financial, medical, disability etc.)

GIVE BACK TO THE Y:

We ask scholarship recipients to give back to the Y by donating 1-2 hours throughout the year to the Y. Please select below from the opportunities available:

- YES NO I would like to volunteer at an event: Halloween, Healthy Kids Day, etc.
- YES NO I would like to volunteer for a specific project: filing, cleaning, etc.
- YES NO Please notify me of volunteer opportunities and I will fit one in my schedule.

MEMBERSHIPS

- YOUTH (ages 1-26)
 YOUNG ADULT (ages 27-35)
 ADULT (36+)
 ADULT COUPLE
 SENIOR ADULT (60+)
 HOUSEHOLD - ANY LEVEL
 SENIOR FAMILY (60+)

PROGRAMS

- Y-TIME (50% max)
 CAMP (50% max)

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

I would like the NSYMCA to automatically renew my active membership using my current payment method. I understand I will be charged once scholarship is renewed for my membership.

YES NO

Payment Information: _____
Exp. Date: _____

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the NSYMCA immediately so scholarship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future. I understand that this information will be kept confidential and I shall be notified in writing by the NSYMCA of its decision.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

APPROVED: YES NO

AWARD LETTER IS VALID FOR 30 DAYS.
payment plans are available.

YMCA: _____ %

YOU: _____ %

STAFF NAME: _____

DATE: _____