



Oahe Family YMCA Application for Financial Assistance

The Oahe Family YMCA is a non-profit organization offering opportunities for personal growth and service to others. Within our available resources, we strive to serve those who can benefit from YMCA membership and programs.

1. Before I submit this document, I have done the following:

- Filled out the form completely with total household income and expenses stated (**income from all adults in the household**)
- Attached most recent Federal Tax Return (1040 as well as all schedules)
- Attached proof of income paystub, SSI verification and/or county assistance form If self-employed, attach current checking
- account statement

- Support is made possible from our local United Way, and individuals/businesses that contribute to our YMCA Partners Fund. Assistance is granted on the basis of financial need. We use a sliding fee scale along with the information and documentation you provide. All information provided by you is kept confidential. All persons using the YMCA facilities must abide by our Code of Conduct.
- Our ability to provide assistance is based on the funds we are able to raise every year. Assistance for membership is reviewed either every 3-6 months or annually and a new application (with documentation) must be filled out at that time. You can be denied assistance if you do not provide the necessary documents or your income level exceeds our sliding fee scale. Further documentation can be requested to verify household expenses.
- Your Financial Assistance is valid from date of first payment until next review date. Upon expiration or termination, you may reapply for financial assistance. Your membership will be cancelled if your membership payment lapses for 2 consecutive months. You will be financially responsible to make up any missed payments.

Name: _____ Date of Application : _____

Address: _____ City _____ Zip _____

Home Telephone: _____ Work or Cell Phone _____ E-mail _____

Age: _____ Ethnicity: _____ Place of Employment: _____

Do you or any of your family members have disabilities? Yes No

Ethnicity and disability questions are used for reporting purposes and are often required for our grant-writing efforts.

	Spouse/Minor Children's Name	Birth Date	School/Employer	Ethnicity
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Send or drop completed applications to: Executive Director, YMCA– 900 E. Church St., Pierre, SD 57501
Please allow a minimum of 2 weeks for this completed application to be processed and approved (or denied).

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

I am applying for:

- Membership (per month) Kids Stop (per week)
- Program (per session): _____

I can afford to pay \$_____ Membership per month \$_____ Program Fee

What benefits do you see in having this scholarship to join the YMCA as a member or program participant?

Can you provide any volunteer service to the YMCA? Yes No Contact, if yes _____

Have you received financial assistance from the YMCA before? Yes No

If yes, when (what year) were you last awarded a scholarship? _____

Your present annual income level is:

- Under \$10,000 \$10,000—\$15,000 \$15,000—\$20,000
- \$20,000—\$30,000 \$30,000—\$40,000 Over \$40,000

Why are you applying for scholarship assistance?

Please itemize your monthly income and expenses:

Monthly Gross Income	Monthly Expense
Wages, salaries & tips \$ _____	Rent/Mortgage: \$ _____
Unemployment: \$ _____	Utilities/Phone: \$ _____
Social Security: \$ _____	Food: \$ _____
Child Support/Alimony: \$ _____	Car/Insurance: \$ _____
County Assistance: \$ _____	Medical/other: \$ _____
Total Income: \$ _____	Total Expense: \$ _____

Please allow a minimum of two weeks for this application to be processed and approved (or denied). You will be contacted in writing or phone by the YMCA as to the status of the application. If you have any questions, please feel free to contact the executive director at 605-224-1683. Thank you.

The information provided on this application is correct and I agree to provide additional documentation, if required.

Applicant's Signature: _____

Date: _____