

ALEXANDRIA AREA YMCA
Application for Financial Assistance

The YMCA does not exclude any person(s) from participating in YMCA programs because of their family's inability to pay. If you feel your family may qualify for this aid, please complete this application and return it to:

Alexandria Area YMCA, attn:
Jeff Bartholomew
Executive Director
110 Karl Drive
Alexandria, MN 56308

- A parent / guardian must complete application on behalf of anyone under the age of 18.
- Information must be submitted based on total household income.
- Include a photocopy of the first page of your most recent Federal Income Tax return & current pay stub. Applications without this documentation will not be considered. Do not send originals.
- Please print all information neatly.
- Application must be signed at the bottom of page two by the applicant.

Applicant's Name: _____ Date of Application: _____

Street Address: _____ City / State / Zip: _____

Home phone: _____ Work Phone: _____

Date of Birth: _____ Email: _____

Employer: _____ Division (if applicable): _____

Spouse / Child(ren) Name(s)	Age	School / Employer	Date of Birth

Have you applied for financial assistance before at this YMCA? [] Yes [] No

Ethnicity (for grant reporting purposes):

____ Caucasian ____ Hispanic ____ African American ____ Native American
____ East African ____ Asian/Pacific Islander ____ Multi Racial

Family Information

*Family is defined as adults and those claimed as dependents on Federal Income Tax.

Number of adults: _____ Number of dependents: _____

Are you claimed as someone else’s dependent on their Federal Income Tax? Yes / No

If yes, who:

_____ (Information must include the person’s income who claims you as a dependent).

Family Income Information (Complete monthly amount and annual amount with totals in bottom row):

Type of Income	Monthly Amount		Annual Amount
Wages		X 12 months	
Child Support		X 12 months	
Unemployment		X 12 months	
Welfare or other Assistance		X 12 months	
Other: _____		X 12 months	
Total			

Please use the following space to add any other information you believe may be important:

You must include a copy of your most recent **Federal Income Tax Return and current pay stub or proof of disability or social security** to verify annual income. Applications without this documentation will not be processed. Please do not send originals. Process time for applications is a minimum of one week. You will be notified in writing by the YMCA that your application was approved, denied, or was incomplete. Please then bring your letter into the YMCA, and complete your membership application.

I hereby agree that the above information is true, income verification is attached and I agree to provide additional documentation to verify financial need if requested:

Signature of Adult Applicant

Date

The Alexandria Area YMCA instills the values of caring, honesty, respect and responsibility through programs and services that build a healthy spirit, mind and body for all.