

**ST. CLOUD AREA FAMILY YMCA
FINANCIAL ASSISTANCE FORM**

DATE _____ NEW APPLICANT _____ RENEWAL APPLICANT _____

Name of person to receive assistance _____

Address _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ Birthdate _____

PERSONAL INFORMATION

Number of adults in the home _____ Number of Dependents _____

FAMILY STATUS (NAMES):

1. _____ RELATIONSHIP _____ AGE _____

2. _____ RELATIONSHIP _____ AGE _____

3. _____ RELATIONSHIP _____ AGE _____

4. _____ RELATIONSHIP _____ AGE _____

5. _____ RELATIONSHIP _____ AGE _____

I AM APPLYING FOR: _____ Membership _____ Programs _____ Supervised Visits/Exchanges

Are you currently employed? _____ Employer _____

Your Monthly Gross Income _____ Spouse's Monthly Gross Income _____

If you receive state, federal, or county aid, food stamps, medical aid, etc. Please list

Please share your reason for needing financial assistance

Memberships can be paid monthly via bank drafts (check-o-matic) or paid in full.

**INCOME VERIFICATION IS REQUIRED WITH APPLICATION (FRONT PAGE OF TAX FOR
LAST YEAR, CHECK STUBS, ASSISTANCE PAPERS)**

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 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 provided above.

SIGNATURE OF APPLICANT

DATE

Please return to: St. Cloud Area Family YMCA
1530 Northway Drive
St. Cloud, MN 56303

YMCA USE ONLY

Membership Scholarship Approved: _____ Yes _____ No

Date: _____

Amount Due: \$ _____

Program Approved: _____ Yes _____ No

Amount for Program\$ _____

Supervised Visit/Exchange Approved: _____ Yes _____ No

Date applicant was called: _____

ST. CLOUD AREA FAMILY YMCA

Financial Assistance Procedures

Within the limits of available funding, the YMCA does not refuse membership or program services to any person because of a proven inability to pay the cost of participation. Funding assistance is based on the state school lunch income guidelines and availability is subject to financial support from United Way. Qualification period is for 6 months after which re-application is required.

New Applicants

- 1) State what you intend to do at the YMCA if you receive membership and/or program assistance and how this would benefit you/your family. If you want to add a message of thank you to the donors (anonymous), we may share your appreciation with those individuals and corporations.
- 2) Thoroughly complete and sign the Financial Assistance Form (two sides)
- 3) Attach verification of current **total household income** (pay stubs, government subsidy: example: social security or county aid, tax forms.)
- 4) Return above 3 items to the St. Cloud Area Family YMCA

Renewal Applicants (Within 2 Years)

- 1) State what you intend to do at the YMCA if you receive membership and/or program assistance and how this would benefit you/your family. If you want to add a message of thank you to the donors (anonymous), we may share your appreciation with those individuals and corporations.
- 2) Thoroughly complete and sign the Financial Assistance Form (two sides)
- 3) Attach verification of current **total household income** (pay stubs, government subsidy: example: social security or county aid, tax forms.)
- 4) Complete the brief renewal survey.
- 5) Return above 4 items to the St. Cloud Area Family YMCA

The YMCA staff will attempt to contact you to notify you of approval or denial of qualification for financial assistance. If you have not been notified within 2 weeks of application submission, please contact the YMCA at (320) 253-2664.

If you desire to meet or discuss this funding process or have questions for membership please notify the Membership Director and for programs please contact the specific program director.

St. Cloud Family YMCA. Cloud Area Family YMCA

1530 Northway Drive

St. Cloud, MN 56303

Phone (320) 253-2664

Fax (320) 253-1252

**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 (month/day/year) _____
2. List all program areas/activities you and/or your family participate in at the YMCA:

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

*Focused on values (respect, caring)

*Other; please list: _____

5. How helpful was the reception center staff?

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 YMCA services: _____

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

Thank you for your feedback.