



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# FINANCIAL SCHOLARSHIP APPLICATION

## BURLINGTON AREA YMCA

2410 Mt Pleasant St., Burlington, IA 52601  
P: 319-753-6734 F: 319-753-6736  
www.burlingtonymca.org  
www.facebook.com/burlingtonymca

### Which type of scholarship are you applying for?

- 12-month Membership Assistance
- 12-month Youth Program Assistance
- 12-month Membership & Youth Program Assistance

### If applying for membership assistance, which type of membership are you interested in?

- Adult Membership**  
(1 adult 18 yrs. & older)
- Single Parent Household Membership**  
(1 adult on the membership plus any dependent children residing in the same home who are under age 24)
- Household Membership**  
(2 adults on the membership plus any dependent children residing in the same home who are under age 24)
- Senior Membership**  
(Single adult age 62 & over)
- Senior Household Membership**  
(2 adults on the membership, one of which is at least 62 years of age, plus any dependent children residing in the same home who are under age 24)

*\*\* Youth & college memberships are not-eligible for financial assistance.\*\**

### About you!

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Wage: \_\_\_\_\_ (circle: per hour or salary)

If paid by hour, avg hours worked per wk: \_\_\_\_\_

Do you receive tips? Yes or No

How often do you receive a paycheck?

Weekly      Bi-weekly      Monthly

### Please list everyone who resides in your household:

Included in membership	Name First, Middle, Last Please provide legal name	Relationship to you	DOB	Age	Employed? Yes or No	Avg. hours worked per wk.	Wage per hour
Y / N		Applicant					
Y / N							
Y / N							
Y / N							
Y / N							
Y / N							
Y / N							
Y / N							

### Income:

Proof of income is required: We will **NOT** process this application without all of the information being submitted. Documents submitted will not be returned, so please ensure you make the appropriate copies prior to submitting your application.

### This application must be completed in full and accompanied by the following documents (if applicable):

1. Copy of most recent Income Tax Return.
2. Two consecutive pay stubs from each employed family member.
3. Unemployment, Social Security, Veterans, Retirement and/or pension benefit statements
4. Child or Spousal support
5. Verification of any assistance received (example: FIP, Food Stamps, etc.)
6. Proof of dependent children (can be obtained from DHS office or your tax return)

**Financial Aid:**

What financial aid or other assistance do you or anyone in your household receive? (Please provide documentation)

Food stamps	<input type="checkbox"/> yes	_____ amount	<input type="checkbox"/> No
Housing	<input type="checkbox"/> yes	_____ amount	<input type="checkbox"/> No
Utilities	<input type="checkbox"/> yes	_____ amount	<input type="checkbox"/> No
FIP	<input type="checkbox"/> yes	_____ amount	<input type="checkbox"/> No
Social Security	<input type="checkbox"/> yes	_____ amount	<input type="checkbox"/> No
Unemployment	<input type="checkbox"/> yes	_____ amount	<input type="checkbox"/> No
Veterans	<input type="checkbox"/> yes	_____ amount	<input type="checkbox"/> No
Retirement	<input type="checkbox"/> yes	_____ amount	<input type="checkbox"/> No
Pension Benefit	<input type="checkbox"/> yes	_____ amount	<input type="checkbox"/> No
Child Support	<input type="checkbox"/> yes	_____ amount	<input type="checkbox"/> No
Student Loans	<input type="checkbox"/> yes	_____ amount	<input type="checkbox"/> No
Any additional	<input type="checkbox"/> yes	_____ amount	<input type="checkbox"/> No (Include odd jobs, help from other people, etc.)

*If you are claiming that you have no monthly income in dollars and/or no aid, please include a written statement of how you pay your monthly expenses such as rent, utilities, vehicle and phone expenses. If this includes help from a family member, **their signature is required on your written statement.***

I understand that once approved, my financial assistance membership will be good for 12 months, and that renewal requires re-application, **I understand that this is a general physical membership only and does not include the Health Services Center membership.** Class fees will be my responsibility. I certify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days of any changes in income, I understand that I may be terminated from this program.

In addition, the BURLINGTON AREA YMCA reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse, is a registered sex offender, habitually or excessively use narcotics or dangerous drugs; has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs; or continuous or excessive use of intoxicating beverages.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

**BURLINGTON AREA YMCA BANK DRAFT AGREEMENT**

(Please initial each statement)

- \_\_\_\_\_ I understand that the bank draft authorizes a perpetual month-to-month membership which does not expire, and therefore automatically renews monthly for 12 months.
- \_\_\_\_\_ If I wish to cancel my membership and bank draft, a signed cancellation form must be received by the Burlington Area YMCA **by the last day of the month** for it to not draft the following month.
- \_\_\_\_\_ Should any membership bank draft not be honored by my bank or credit card company for any reason, I realize that I am still responsible for paying fees and any other charges assessed to the YMCA associated with the return or decline of the transaction. If I fail to make the required payment, I realize that my membership may be revoked.
- \_\_\_\_\_ The Burlington Area YMCA reserves the right to cancel my bank draft membership if it is returned two (2) or more times by my financial institution. The Burlington Area YMCA is not obligated to offer the bank draft option to anyone whose membership has been previously revoked.
- \_\_\_\_\_ The YMCA, at its discretion, may adjust the monthly rate applicable to any category of membership.
- \_\_\_\_\_ I agree to immediately notify the Burlington Area YMCA of any changes to my bank account or credit/debit card that may affect payment of my membership charges. I understand that the YMCA must be notified of these changes by the last day of the month for it to take effect for the following month.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

**MONTHLY DRAFT INFORMATION**  
If approved, this section will need to be completed

**SAVINGS OR CHECKING ACCOUNT**

Name \_\_\_\_\_  
(As it appears on the account)

Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

**OR**

**CREDIT OR DEBIT CARD**

Name \_\_\_\_\_  
(As it appears on the card)

Type of CC: Visa Mastercard Discover

Credit/Debit Card # \_\_\_\_\_

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Expiration Date \_\_\_\_/\_\_\_\_