



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Same Heart! People Helping People Scholarship Application

THE ESSENCE OF THE Y

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 kids, 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.

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 Same Heart! People Helping People Scholarship Program, the NSYMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

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.

SAME HEART 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 at the time requested, your membership will expire.

*Membership fees are subject to change when you reapply.

*All applications are reviewed on a monthly basis.



Same Heart! People Helping People Scholarship Application

Apply for a People Helping People Scholarship in 7 easy steps!

1 APPLICANT INFORMATION

Name: _____ Gender: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

If an applicant is under 18, Parent's/legal guardian's name: _____

Are you currently a NSYMCA member? Yes No

Have you ever received NSYMCA Financial Assistance before? Yes No

2 ALL PERSONS APPLYING FOR ASSISTANCE

Spouse:	DOB:	Gender:
Child:	DOB:	Gender:
Child:	DOB:	Gender:
Child:	DOB:	Gender:
Child:	DOB:	Gender:
Child:	DOB:	Gender:
Other dependent(s):	DOB:	Gender:
Other dependent(s):	DOB:	Gender:
Other dependent(s):	DOB:	Gender:

3 I AM APPLYING FOR

MEMBERSHIP	YOUTH (ages 3-17)
	YOUNG ADULT (ages 18-30)
	ADULT (31+)
	Senior Adult (60+)
	Family
	Single Parent Family
PROGRAM	Senior Family (60+)
	Programs
	Kindergarden Club/Y-Time (50% max)
	CAMP

4 MONTHLY EXPENSES

Rent/Mortgage/Real Estate taxes \$:	Loans/Charge Accounts (List) \$:
Food \$:	Child/Spousal Support Payments \$:
All Utilities \$:	Tuition/Books \$:
Child Care \$:	OTHER (EXPLAIN) \$:
Transportation \$:	
Auto Insurance/Payments \$:	
Medical/Dental Insurance \$:	TOTAL MONTHLY EXPENSES \$:

EMPLOYMENT VERIFICATION

Company Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Hire: _____ Full/Part-time: _____ Yearly Gross Income: _____

Occupation: _____

5 To qualify for scholarship, PROVIDE THE FOLLOWING COPIES OF DOCUMENTS:

- Last 2 Years of IRS Tax Returns
- 3 most recent pay/unemployment stubs for each adult in the household
- 1 month checking/savings account statement
- Any additional documentation necessary (i.e. Section 8 form, Government aid forms, medical aid card/forms)

6 TELL US MORE

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.)

FOR OFFICE USE

APPROVED YES NO

YMCA % YOU %

JOIN TODAY FOR \$

STAFF NAME DATE

AWARD LETTER IS VALID FOR 30 DAYS.

Payment plans are available. NSYMCA STAFF: Return financial documents to applicant. Copy this form and give to applicant.

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS:

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 sponsorship assistance is based on need. In the event that I or my children must cancel or participation, I will contact the NSYMCA immediately so sponsorship 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.

7

Signature of person completing this form

Date