

Scholarship application

Attached is the financial assistance form for membership and programs at the NSYMCA. Please fill out the attached form and turn in all the required documents listed in part 5 of the application. The more information you provide to the Y the better the committee is able to determine eligibility. The scholarship committee meets once a month and you will be contacted via email with the committee's decision. Once approved, you will need to come in and activate your membership by paying your reduced monthly fee.

If you have any questions, please contact a customer service representative.

Spanish - Solicitud de Beca

Los documentos adjuntados son formularios de ayuda financiera para afiliación y programas de la NSYMCA. Favor de llenar los documentos necesarios en parte 5 de la solicitud. Lo más información que da a la Y lo mejor la comisión puede determinar elegibilidad. La comisión de beca tiene una reunión una vez cada mes. Le contactan un candidato por correo electrónico con su decisión. Después de ser aprobado, necesita pasar por la Y y activar la afiliación por pagar el pago mensual de precio bajo.

Favor de contact un representante con preguntas y consejos.

Korean - 장학금 신청

첨부된 문서는 NSYMCA의 멤버십과 프로그램 등록비에 대한 재정 보조 신청서입니다. 다음 신청서의 모든 문항들을 기재하시고 이중 파트 5에 명시된 모든 필요한 보조 자료들을 첨가하여 제출해 주십시오. 필요한 증빙 서류들을 모두 제출하시면 매달 열리는 장학금 심의 위원회에서 심사하여 심사 결과를 이메일로 알려 드립니다. 심사에 통과하면 직접 내방하여 주시기를 부탁드립니다. 내방 시 장학금으로 할인받은 금액을 제외한 멤버십비를 지불하시고 멤버십이 시작됩니다.

다른 문의사항이 있으면 회원 서비스 직원에게 문의하십시오.

Russian – Применение стипендии

Прикреплена форма финансовой помощи для членства и программ на NSYMCA. Пожалуйста заполните вне прикрепленную форму и поверните во все необходимые документы перечисленные в части 5 применения. Больше информации вы провидете у лучший комитет способен определить выборность. Комитет стипендии встречается раз в месяц и вы будете связаны через электронную почту с решением комитета. Как только одобренный, вам будет нужно прийти внутри и активировать ваше членство путем оплачивать вашу уменьшенную ежемесячную плату.

Если вы имеете любые вопросы, то пожалуйста контактируйте представителя обслуживания клиента.

Polish - Stypendialny zastosowanie

Dołączam jest pomocy finansowej formą dla członkostwa i programuje przy NSYMCA. Zadawala wypelnia out dołączającego zwrot w wszystkie wymaganych dokumentach spisujących w części 5 zastosowanie i formę. Więcej informację zapewniasz Y ty lepszy jest sprawnie ustalać elekcyjność komitet. Stypendialny komitet spotyka jak tylko wy i miesiąc kontaktujemy się przez emaila z komitet decyzją. Jak tylko zatwierdzasz, ty potrzebujesz przychodzić wewnątrz i aktywować twój członkostwo płacić twój obniżoną opłatę miesięczną.

Jeżeli ty jakaś pytania, zadawala kontakt obsługa klienta przedstawiciel.

Chinese - 奖学金申请

附上会员资格和节目的经济援助形式在NSYMCA。请填好表格附加的并且转动在应用的第5部分列出的所有必需的文件。越多信息您提供给Y越好的委员会是能确定合格。奖学金委员会每月一次见面，并且您通过与委员会的决定的电子邮件将与联系。一旦批准，您将需要进来和通过付您的减少的月费激活您的会员资格。

如果您有任何问题，请与客户服务代表联系。

Italian - Modulo per Borsa di Studio

Il modulo in allegato e' la richiesta di supporto finanziario per l'iscrizione ed i programmi all' NSYMCA. Si prega di compilarlo e consegnarlo corredato dei documenti richiesti indicati nella sezione 5. Si consiglia di fornire alla Y la maggior quantità d'informazioni possibile allo scopo di agevolare il lavoro della Commissione preposta all'eleggibilità' dei richiedenti. La Commissione per la Borsa di Studio si riunisce una volta al mese e l'applicante verra' contattato ed informato via email sull'esito della sua richiesta. Se la richiesta verra' approvata occorrerà presentarsi alla Y per attivare l'iscrizione, previo pagamento della quota mensile ridotta.

Per qualsiasi ulteriore chiarimento si prega di contattare l'Ufficio Informazioni.



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: _____ DOB: _____

Address: _____ Gender: _____

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

Would you like us to automatically renew your active membership? 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 1-26)
	Young Adult (ages 27-35)
	Adult(36+)
	Senior Adult (60+)
	Couple
	Family/Household
PROGRAM	Senior Family (60+)
	Programs
	Y-Time (50% max)
	CAMP (50% max)

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.)

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

I would like the NSYMCA to automatically renew my active membership using my current payment method. Yes No
I understand I will be charged once scholarship is renewed for my membership.

Payment Information

Exp Date

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

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.