

NSYMCA STRONG KIDS

Financial Aid Application

OUR MISSION

The North Suburban YMCA promotes values that build strong families and the health of each individual's spirit, mind, and body in an inclusive, welcoming environment. The YMCA is a community-based organization and believes that its programs and services should be available to everyone. Our scholarship program ensures that no one is turned away due to the inability to pay.

We provide the community with programs and tools that will help them become healthier, more connected and confident. We believe that lasting personal and social change can only come about when we all work together to invest in our community and each other. Every day, we work side-by-side with you, our neighbors, throughout 15 surrounding communities to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive. The YMCA is a charitable organization, inclusive and welcoming to all in our community.

NORTH SUBURBAN YMCA
2705 Techny Rd.
Northbrook, IL 60062
847-272-7250 • NSYMCA.org



**NORTH
SUBURBAN
YMCA**



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 Strong Kids Financial Aid Program, the NSYMCA provides assistance to youth, adults and families based on individual needs and circumstances.

GUIDELINES

- Financial Aid reduces membership fees: It does not eliminate them.
- Financial Aid will be granted for 12 months.
- The NSYMCA requests that individuals and families reapply annually, with updated documentation. If you do not reapply, your membership will expire.
- The NSYMCA encourages financial aid recipients to give back 2 hours of time by volunteering at the Y.
- Membership fees are subject to change when you reapply.
- Financial aid does not apply to all programs.
- Loyalty Point redemptions are not allowed for financial aid.

WHAT KIND OF DOCUMENTATION DO I NEED TO INCLUDE?

The NSYMCA Strong Kids Financial Aid Program requires copies of the appropriate documentation to be submitted along with the Strong Kids Financial Aid Application. Below is a list of documentation that is acceptable income verification.

TAX Information

- Federal 1040 Form
- If someone in the household is self-employed, then a Schedule C Form is also needed.
- If you do not have a copy of the tax return, you can get one by calling the IRS at 800-829-1040 or by visiting their website at www.irs.gov.

Employment-Paystubs

- Two current/consecutive paystubs from each working adult in the household. Paystubs must show your gross pay.
- If paystubs are unavailable, a letter from the employer on letterhead stating the average number of hours/week and hourly wage is acceptable. Bank statements do not show gross pay and is not an acceptable form of documentation.

Social Security/SSI/Disability

- A letter from the Social Security Administration stating the current amount received and/or 1040 Federal Tax Form showing the income (line 14).

Retirement/Pension/IRA or Trust Fund Income

- A letter from the company or fund stating the amount and frequency that it's received, a monthly statement or 1040 Tax Form lines 11 and 12 showing IRA/Pension income.



NORTH SUBURBAN YMCA

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APPLICANT INFORMATION

Full Name: _____ Gender: _____ DOB: _____

Parent Full Name (youth members only): _____

Cell: _____ Email: _____

Address: _____ City, State, Zip: _____

Employer Name: _____

City: _____ Annual Income: _____

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

ALL PERSONS APPLYING FOR ASSISTANCE

MEMBERSHIPS

Spouse: _____

DOB: _____ Gender: _____

Address: _____

Child: _____

DOB: _____ Gender: _____

Address: _____

Child: _____

DOB: _____ Gender: _____

Address: _____

Child: _____

DOB: _____ Gender: _____

Address: _____

Child: _____

DOB: _____ Gender: _____

Address: _____

Other Dependent: _____

DOB: _____ Gender: _____

Address: _____

Other Dependent: _____

DOB: _____ Gender: _____

Address: _____

- YOUTH (ages 1-26)
- YOUNG ADULT (ages 27-35)
- ADULT (36+)
- ADULT COUPLE
- SENIOR ADULT (60+)
- HOUSEHOLD - ANY LEVEL
- SENIOR FAMILY (60+)

PROGRAMS

- Y-TIME (50% max)
- CAMP (50% max)
- _____

REQUIRED TAX INFORMATION

Place a check mark in front of the statement that best describes your household's tax filing situation.

- I have included the most recently filed Federal Tax Return Form 1040 for EACH adult in the household (and Schedule C if applicable).
- Only 1 adult in the household is required to file taxes. I have included the most recently filed Federal Tax Return Form 1040 (and Schedule C if applicable).
- No one in the household files taxes.

TOTAL HOUSEHOLD WAGE INFORMATION

Place a check mark in all applicable boxes below indicating any income and benefits your household receives. All income must be verified by attached copies of documentation.

- Both adults in the household are currently employed. I have included 2 current paycheck stubs that list gross income from each adult.
- One adult in the household is currently employed. I have included 2 paycheck stubs from the employed individual that lists gross income.
- I or someone in the household receives Social Security, disability or SSI. I have included a benefits letter or current bank statement showing the amount received each month.
- I or someone in the household receives Retirement/Pension/IRA or Trust Fund income. I have included the most recent statement or other documentation showing the amount received each month.
- No one in the household is currently employed.
- I am claimed as a dependent by my parents/guardian on the Federal Tax Return. I have included a copy of my parents' income tax return and understand that my application will be reviewed based on both annual gross incomes.

BENEFITS AND OTHER INCOME INFORMATION

Place a check mark in all applicable boxes below indicating any other income and benefits your household receives. Write the dollar amount that is received monthly in the space provided. All income must be verified by attached copies of documentation.

- | | | | |
|------------------------------|---|----------------------------------|---|
| Unemployment | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ Monthly | Foster Care/Ward of State Income | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ Monthly |
| Child Support/ADC or Alimony | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ Monthly | Student Loan Refund | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ Monthly |
| SNAP Benefits (Food Stamps) | <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ Monthly | | |

GIVE BACK TO THE Y:

We ask financial aid recipients to give back the Y by donating 1-2 hours throughout the year to the Y.

Please notify me of volunteer opportunities and I will fit one into my schedule. YES NO

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

I would like the NSYMCA to automatically renew my active membership using my current payment method. I understand I will be charged once Financial Aid 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 financial aid is based on need. In the event that I or my children must cancel our participation, I will contact the NSYMCA immediately so financial aid 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.

SIGNATURE: _____ Date: _____

OFFICE USE ONLY:

APPROVED: YES NO

YMCA: _____ %

STAFF NAME: _____

AWARD LETTER IS VALID FOR 30 DAYS.

YOU: _____ %

DATE: _____