



YMCA OF THE NORTHWOODS SCHOLARSHIP APPLICATION

**ANNUAL
SUPPORT
CAMPAIGN**

Name of Applicant _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number(s) Day (____) _____ Evening (____) _____

Employer Name _____

Members of the family household (include your self) (*Family Membership is defined as: Up to two adults and their dependent children.)

Number of adults in family household _____ Number of children in family household _____

FIRST NAME	MIDDLE NAME	LAST NAME	BIRTHDATE

Family Household income (annually) \$ _____ Child Support (annually) \$ _____

Other annual income (sources and amount) _____

Do you own or rent your home? _____

Please list any special circumstances that contribute to your request for financial assistance (i.e. medical bills, unemployment, etc.)

Which membership type (s) or program (s) would you like to apply for?

What would this financial assistance mean to you and/or your family?

How much do you feel you can afford to pay a month for membership? _____

Applicant's signature: _____ Date: _____

*In order to process your application, please submit this application and copies of the following documents to the YMCA of the Northwoods, 2003 Winnebago Street East, Rhinelander, WI: Most recent year's Federal Income Tax form, letter from employer verifying current employment and income or recent paycheck stub. The Y will make every effort to expedite this application immediately. Application will be reviewed as soon as the required listed documents have been verified. Include documentation for all individuals contributing to household income. If you have any questions please call the office at (715)362-YMCA(9622).



YMCA OF THE NORTHWOODS SCHOLARSHIP INSTRUCTIONS

**For Youth Development
For Healthy Living
For Social Responsibility**

**Annual Support
Campaign**

Thank you for your interest in applying for a YMCA of the Northwoods Scholarship. Financial assistance, also known as scholarship opportunities, keeps the Y available for kids, families, and adults who need us most. The Y counts on the generosity of our members and community to help people of all ages and backgrounds be more healthy, confident, connected and secure.

Please read all of the directions below to ensure prompt processing of your application.

- ❖ Fill out entire application packet. If lines do not pertain to your situation, complete by writing N/A or non-applicable.
- ❖ Attach copies of all documents that pertain to your situation.
 - Most current tax return. (1040, 1040EZ) No W2's will be accepted.
 - Proof of income
 - Two Months of Payroll Check stubs
 - Child Support
 - Alimony
 - Tribal Income
 - Social Security Benefits
 - Stocks and Securities
 - Proof of unexpected expense. (No Mortgage, Rent, or Utility bills accepted.)
 - Medical Bills and payment agreements
- ❖ Mail or drop off completed application and *copies of documentation for review to:
 - The YMCA of the Northwoods
 - Attn: Scholarship Processing Department
 - 2003 Winnebago Street East
 - Rhineland, WI 54501
- ❖ All applications must be complete for review process. A member of the Y staff will contact you to complete review process with an in-person interview.

***If you do not have access to a copy machine, the front desk staff will be happy to make copies for you.**

SIGNATURE (Parent if minor) _____ DATE _____

Annual Support Campaign
The Robert Kaulum Memorial Scholarship Fund

The YMCA of the Northwoods believes in providing membership services to all who desire to participate in the Y. The financial assistance program, supported through contributions to the Annual Support Campaign, provides funds for those in need within our available resources. Please consider adding a donation to your membership fees to help the Y in its mission of putting Christian principles into practice through programs that build healthy, spirit, mind and body for all.

Please add \$ _____ to my monthly bank draft. Please add \$ _____ to my total membership payment.

Signature _____

Date _____

**AUTHORIZATION TO HONOR ACH DEBITS OR DRAFTS OR CREDIT CARDS
BY THE YMCA of the NORTHWOODS for MEMBERSHIP PAYMENTS**

1. I, the undersigned, authorize the financial institution, designated hereon to pay the YMCA of the Northwoods and charge to the credit card or account(s) identified on the attached deposit slip(s) or voided check(s) on a monthly basis. I understand that my credit card or account(s) identified will be debited on the 1st or 15th of the month (depending on when sign-up occurs) to pay my membership for the following month. **I understand my Y membership via bank or credit card draft or is a monthly commitment and will automatically be withdrawn every month unless I notify the Y in writing 30 days prior to my draft date.**

Signature: _____ **Date:** _____

2. In the event that I cancel my membership, I understand that I must turn in all membership cards, that I will receive temporary cards for the balance of the time I have paid or will be paying, and that one more monthly payment will be withdrawn from my account before my membership is considered terminated. **Initial** _____

3. In the event my bank/credit card company does not honor my membership draft, I understand that I am still responsible for that payment to the Y and for any service fee imposed by my bank. If more than two bank draft/credit card transactions are returned on my account, I realize that my bank draft privileges will be revoked and I am responsible for the remaining balance due on my membership payable by cash only. **A \$25.00 service fee will be charged on any returned bank draft or credit card transaction. No program sign up will be allowed until payments are received.** **Initial** _____

4. TERMS-Upon expiration of the initial term, this agreement shall automatically renew at the then current rates for successive one-month terms until such time as either party shall deliver thirty (30) days written notice of termination prior to the expiration date of the then current term. **Initial** _____

5. I understand that all payments are non-refundable. **Initial** _____

Membership Type: Youth Adult College Family Short-term Corporate Scholarship Silver Sneakers

Transactions: Join Date ____/____/____ Joiner's Fee \$ _____

Payment Options: Strong Kids Campaign \$ _____

Annual Full Pay \$ _____ Transitional \$ _____

Continuous Bank Draft \$ _____ Scholarship Amount \$ _____

Corporate Name _____ Silver Sneakers \$ _____

Payroll Deduct

Staff Initials: _____

I agree to the above membership dues. Signature _____ Date: _____

Attach voided check here

Staff Initials/Date:

Entered into system: ____/____/____ *Noted unit if necessary:* ____/____/____ *Verified by:* ____/____/____