



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

## YMCA OF THE NORTHWOODS **SCHOLARSHIP INSTRUCTIONS**

**STRONG KIDS  
CAMPAIGN  
A YMCA Initiative**

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
  - 203 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.**



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# YMCA OF THE NORTHWOODS SCHOLARSHIP APPLICATION



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 dependant 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) \_\_\_\_\_

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).



**Strong Kids Campaign Round Up**  
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 Strong Kids 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**

- 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 1<sup>st</sup> or 15<sup>th</sup> 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:** \_\_\_\_\_
- 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** \_\_\_\_\_
- 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** \_\_\_\_\_
- 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** \_\_\_\_\_
- I understand that all payments are non-refundable. **Initial** \_\_\_\_\_

**Credit Card**

**Card Holder:** \_\_\_\_\_

**MasterCard #** \_\_\_\_\_ **Exp date:** \_\_\_\_\_

**Visa #** \_\_\_\_\_ **Exp date:** \_\_\_\_\_

**Discover #** \_\_\_\_\_ **Exp date:** \_\_\_\_\_

**Bank Draft** (Fill out information below or attach a voided check)

**Bank Name** \_\_\_\_\_ **Name on Account** \_\_\_\_\_

**Bank Routing #** \_\_\_\_\_ **Account #** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**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:** \_\_\_\_\_