



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance Guidelines

The Northern Lights YMCA-Delta Center financial aid policy is that no one is turned away due to the inability to pay.

To apply for financial assistance, please bring all the following completed forms and necessary paperwork to the YMCA front desk.

1. Completed financial assistance application. If you are applying for more than one program a separate application is needed.
2. Two most recent paycheck stubs or letter from your employer verifying your employment and stating your annual salary. If you are unemployed, draw social security or a full-time student; please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.
3. A copy of your most recent income tax return. If you don't file federal income taxes, please call 1-800-TAX-FORM (800-829-3676) for a verification letter.

Note: Income is needed for everyone in the household.

- *Be sure to include all of the needed items and paperwork, as missing documentation will slow down the application process.
- *The approval process takes 10-15 business days. Applicants will be called when the application process is complete.
- *Memberships must be paid in three month increments.
- *Memberships/programs must be used within 30 days of notification from our office. After 30 days, the application becomes void and the process must be repeated.
- *If the membership lapses for more than 30 days without payment, the application process will need to be repeated.
- *Admission will not be granted until the application is approved and payment has been made.

Any further questions may be directed to Hadele, Membership Director or Membership Services.

Thank you for your interest in our financial assistance program, we look forward to serving you!

Northern Lights YMCA-Delta Center
2001 North Lincoln Road/P.O. Box 602
Escanaba, MI 49829
Phone: (906)789-0005 Fax: (906)789-6330
www.nlymca.com

Application is on reverse side.

**ANNUAL
CAMPAIGN**
The Y. So Much More

**NORTHERN LIGHTS YMCA - DELTA CENTER
FINANCIAL ASSISTANCE APPLICATION**

For Office Use Only	
Date Contacted: _____	_____
Expires: _____	Initials: _____
Used: _____	Initials: _____

New Application Renewal

Date _____

Name _____ Phone# _____

Address _____

City _____ State _____ Zip _____

Email _____

Financial Assistance Requested For: Check One

___ Family Membership ___ Senior Membership (Over 65) ___ Adult Membership

___ Young Adult (12 - 21 Yr.) ___ Youth (11 Yr. And Younger)

___ Program Assistance: List Program Here: _____ **Member? Y or N**

Session Dates & Times _____

Income Information: Proof of ALL household income in required. (see reverse side)

Total Number in Household _____ Total Gross Mntly Inc. \$ _____ Source(s) _____

Place(s) of Work _____

I am requesting this assistance for:

<u>Name</u>	<u>DOB</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For Office Use Only				
Cost of Membership or Program _____				
Applicant Cost _____				
Quarter Renewed	1	2	3	4
Approved _____	Disapproved _____			
Reason _____				

What Could You Contribute Toward Your Fees: \$ _____ Per Month \$ _____ Per Session

Please list any special circumstances that contribute to your request for assistance.

Would You Be Willing To Help By Volunteering 3-6 hrs. Per Week? Yes ___ No ___

What Would This Assistance Mean To You or Your Family?

