

# SCHOLARSHIP APPLICATION

As a nonprofit organization serving women, children, and families, we strive to make fitness both accessible and affordable. As requested, our scholarship application is included.

Scholarships are awarded on a 12-month basis, during which monthly payments are due on the first of each month. Applicants may apply for a scholarship once every 12 months. Awards are based on the information provided by the applicant and are granted in a fair and consistent manner based on a sliding fee scale.

To apply for a Health and Fitness Center Scholarship:

1. Complete all sections of the Scholarship Application.
2. Email, mail or drop off your application at the front desk during staffed hours.
3. Keep this top page for your reference.

Please allow 7–10 business days for your application to be reviewed and processed. After you are notified of your award status, you will need to enroll online (with staff assistance), make your first payment, receive your membership card, and start your membership.

**Return your completed application to:**

***Neil Erickson - Nerickson@ywcastpaul.org***

YWCA St. Paul, 375 Selby Avenue St Paul, MN 55102

## Applicant Information

Please note that applicants must be at least 18 years of age to apply. In addition, no more than two adults can be on the same membership.

Type of membership you are applying for:

- Individual (one adult 18+)
- Dual (two adults 18+)
- Single parent family (one adult and any children under the age of 18)
- Family (two adults and any children under the age of 18)

|                                       |                  |
|---------------------------------------|------------------|
| Name:                                 | Phone:           |
| Address:                              |                  |
| City:                                 | State: Zip Code: |
| Date of Birth:                        | Email Address:   |
| Name of Second Adult (if applicable): |                  |
| Date of Birth:                        | Email Address:   |

How many adults live in your household? \_\_\_\_\_ How many dependents live in your household? \_\_\_\_\_

List children(s) names & birthdays below:

|               |      |
|---------------|------|
| Child's Name: | DOB: |
| Child's Name: | DOB: |
| Child's Name: | DOB: |

## Income Information

Please check all the income sources that you receive and indicate the amount you receive each month. For dual and family memberships, please provide income information for both adults.

| Adult #1                    |                    |        |
|-----------------------------|--------------------|--------|
|                             | Income Source      | Amount |
|                             | Employment         | \$     |
|                             | MFIP               | \$     |
|                             | Child Support      | \$     |
|                             | General Assistance | \$     |
|                             | Alimony            | \$     |
|                             | SSI/SSDI           | \$     |
|                             | Unemployment       | \$     |
|                             | Pension            | \$     |
|                             | Trust Fund         | \$     |
|                             | Other              | \$     |
| <b>Total Monthly Income</b> |                    | \$     |

| Adult #2                    |                    |        |
|-----------------------------|--------------------|--------|
|                             | Income Source      | Amount |
|                             | Employment         | \$     |
|                             | MFIP               | \$     |
|                             | Child Support      | \$     |
|                             | General Assistance | \$     |
|                             | Alimony            | \$     |
|                             | SSI/SSDI           | \$     |
|                             | Unemployment       | \$     |
|                             | Pension            | \$     |
|                             | Trust Fund         | \$     |
|                             | Other              | \$     |
| <b>Total Monthly Income</b> |                    | \$     |

Total Annual Income: \$ \_\_\_\_\_

### For Office Use Only

| Annual Income | Family Size | YWCA Subsidy | Membership Type | Monthly Payment |
|---------------|-------------|--------------|-----------------|-----------------|
|               |             |              |                 |                 |

Signature of Manager: \_\_\_\_\_ Date: \_\_\_\_\_

## Applicant Signatures

I certify that the information provided within this Scholarship Application is accurate to the best of my knowledge. I am aware that the information I have provided is subject to review and verification, and if necessary, I may be asked to provide additional documentation to support this application.

I authorize YWCA St. Paul to seek verification from all my sources of income, and I understand that this information will only be used to determine my eligibility for YWCA St. Paul's Health & Fitness Center Scholarship Program.

I understand that it is my responsibility to immediately notify YWCA St. Paul of any changes in the information provided in this Scholarship Application during the period of my utilization of the membership subsidy award. Based on these changes, YWCA St. Paul reserves the right to adjust or terminate the amount of my Scholarship Award. Failure to notify YWCA St. Paul of any such changes may result in the termination of my Scholarship Award.

I understand that providing false representations herein constitutes an act of fraud, that false or misleading information will result in the cancellation of a scholarship membership, and that I shall be required to refund to YWCA St. Paul any scholarship payments made based upon false or misleading information, along with any reasonable attorney's fees and costs incurred by YWCA St. Paul to collect this refund from me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note: Two signatures are required for dual and family memberships.**