

Algona Family YMCA Open Doors Application



Please fill out the following information and attach the necessary documents (photocopies only) and return to the membership director of the Algona Family YMCA, 2201 E. McGregor, Algona, IA 50511. Membership must be paid in full or on our automatic payment plan through our electronic fund transfer program. Exceptions are made only by the Membership Director. Please print all information.

Date of Application _____

Name: _____ Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip Code: _____

Place of Employment: _____ How Long? _____

	Spouse	Child(ren)'s Name	Age	School/Employer	Birth Date
2					
3					
4					
5					
6					
7					
8					
9					
1					
0					

Are you a single-parent household? Yes No

Application by financial assistant is for:

- Membership
- Program
- Other: _____

Have you ever applied for financial assistance before at the YMCA? Yes No

If yes, which YMCA and what for? _____

What volunteer service did you provide? _____

How many volunteer hours did you provide? _____

Your present income level is:

- Under \$ 8,000

- \$8,001 to \$12,000
- \$12,001 to \$15,000
- \$15,001 to \$18,000
- \$20,001 to \$25,000
- Over \$25,000

What is the dollar amount that you are willing to pay or have the ability to pay each month?

Membership \$ _____ per month
 Program \$ _____ per session/program

What benefits do you see in having this scholarship to join the YMCA as a member or participant?

Why are you applying for financial assistance?

What volunteer service can you provide to the YMCA?

Please itemize your month income and experts items

INCOME		EXPENSES	
Wage, Salaries & Tips	\$ _____	Rent/Mortgage	_____
Unemployment compensation	\$ _____	Utilities	_____
Social Security Compensation	\$ _____	Food	_____
Child Support	\$ _____	Clothing	_____
Aid to Dependent Children	\$ _____	Phone	_____
Food Stamps	\$ _____	Car/Insurance	_____
Alimony	\$ _____	Alimony	_____
Other	\$ _____	Child Support	_____
Other	\$ _____	Medical	_____

Total Income \$ _____

Total Expenses \$ _____

You must attach last year's Internal Revenue Service Tax Statement, your last two pay stubs and/or your SSI allocation statement to verify your annual earnings. Please allow 3-4 days before this application can be processed and approved (or denied) by the YMCA. You will be contacted in writing from the YMCA as to the status of this application. If you have any questions, please feel free to contact the Executive Director at 295-7701. Thank you.

Application Reviewed on _____

Denied—Reason: _____ Notified: _____

Approved: Amount: \$ _____ Notified: _____