

scholarship application package

Today, the YWCA's scholarship program is available to qualifying participants within our financial means. Scholarship awards are based on the information provided by the applicant, and are granted in a fair and consistent manner on a sliding fee scale. To apply, please complete the following forms and submit all required documentation. Once your application is complete and all required documents are attached, return it to any of our three Health & Fitness facilities for review.

In our effort to award scholarship memberships in a fair and consistent manner, it is imperative that all applications are complete, and accurately reflect the entire household income, this includes revenue earned from multiple sources i.e. Government Assistance and part-time employment. In order for us to process your request **you will need to submit proof of income for all individuals living at your address.** If you are claimed as a dependent on someone else's tax return, you will need to include a copy of your provider's proof of income as well. **Do not send originals, they will not be returned.**

Important Scholarship Information

- Incomplete applications will not be processed. Before submitting your application, please make sure all required documentation is present and all information is complete. **Do not send originals, they will not be returned**
- You may be contacted via phone or email for an explanation of your household worksheet.
- Scholarship applicants *not accepted* into the program can only apply once every season.
- **Please Note: Applications generally take three weeks to process. The YWCA reserves the right to deny or cancel memberships at any time.**

Questions? Please call Diane Kurtz at the Midtown location: 612-215-4323

program requirements

The YWCA of Minneapolis is pleased to review your application for a Scholarship Membership.

The following documents will be needed to complete our review; **please send copies, not originals:**

1. Completed YWCA of Minneapolis Scholarship Application
2. Copy of last three pay stubs from all employers of all adults in the household
3. The first two pages of your prior year 1040 (if self employed include your Schedule C). If you do not have your 1040 call 1-800-829-1040.
4. If you receive MFIP, your latest eligibility statement and year to date “money” statement

Call 612-596-1300 and ask for these statements specifically

5. If you receive SSI or RSDI, your most recent award statement
6. Alimony and/or child support income documentation

If your income does not fall within the guidelines or you do not have any of these documents, we will be unable to grant you an Otters scholarship. **If you have any questions or comments, please contact Diane Kurtz at 612-215-4323.**

*PLEASE NOTE:
APPLICATION CANNOT BE PROCESSED UNTIL ALL REQUIRED
DOCUMENTATION IS SUBMITTED AND APPLICATION IS FILLED OUT
COMPLETELY. PLEASE SEND COPIES, NOT ORIGINAL DOCUMENTATION.*

primary applicant information

Name _____ Home Phone _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Birth Date _____ Age _____ E-mail Address _____

What type of membership are you applying for? New Renewal Debit Renewal

Are you a full time student? Yes No

Are you currently employed? Yes-Full time Yes-Part time No

Did you file taxes this year? Yes No

Do you live in a supervised setting (i.e. Group Home or Transitional Housing)? Yes No

Name of housing facility _____

Are you currently on parole? Yes No

Are you, or is anyone in your household receiving Govt. Assistance? Yes No

If yes, what type(s)? _____

additional household members (to be included on membership)

Name _____ Birth Date _____ Age _____

Name _____ Birth Date _____ Age _____

Name _____ Birth Date _____ Age _____

Name _____ Birth Date _____ Age _____

Name _____ Birth Date _____ Age _____

Applications cannot be processed until all required documentation is submitted.

household worksheet

Income

\$ _____ 1) Your Gross Monthly Income
\$ _____ 2) Other Adult's Monthly Income
\$ _____ 3) Child Support
\$ _____ 4) Dependent Children on Disability
\$ _____ 5) MFIP

Other *(please explain):*

\$ _____ 6) _____
\$ _____ 7) _____
\$ _____ 8) _____
\$ _____ **TOTAL MONTHLY INCOME**

Expenses

\$ _____ 1) Rent/Mortgage
\$ _____ 2) Child Support
\$ _____ 3) Medical Expenses

Other *(please explain):*

\$ _____ 4) _____
\$ _____ 5) _____
\$ _____ 6) _____
\$ _____ **TOTAL MONTHLY EXPENSES**

Do you receive Subsidized Housing Assistance? Yes No

Have you experienced a change in your income that is not represented in the forms or statements you are submitting? Yes No

If yes, please describe: _____

Applications cannot be processed until all required documentation is submitted.

certification

I understand that it is my responsibility to notify the YWCA of any changes in the information provided on this application. Based on these changes, the YWCA reserves the right to adjust or terminate the scholarship amount. Failure to advise the YWCA of changes may result in immediate termination.

I certify that the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification, and that I may be asked to provide additional documents to support this application.

I allow the YWCA to seek verification from any and all of my sources of income; including government assistance, and I understand that this information will be used to determine eligibility.

I authorize the reproduction of this verification authorization form; a photocopy will accompany each verification request.

Applicant Signature

Date

Second Adult Applicant Signature

Date

Third Adult Applicant Signature

Date

Return your completed application to any of our three Health & Fitness facilities.

Downtown

1130 Nicollet Mall
Minneapolis, MN 55403

Midtown

2121 E Lake Street
Minneapolis, MN 55407

Uptown

2808 Hennepin Ave S
Minneapolis, MN 55408

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