



FOR OFFICIAL USE ONLY

TAKEN BY: \_\_\_\_\_ Date \_\_\_\_\_

SVOR CHECKED BY: \_\_\_\_\_

SET UP BY: \_\_\_\_\_ Date \_\_\_\_\_

MEMBER ID: \_\_\_\_\_

MEMBER TYPE & AWARD: \_\_\_\_\_

EXPIRES: \_\_\_\_\_ DUES: \_\_\_\_\_

NEW APPLICATION  RENEWAL

# Billings Family YMCA Scholarship Application

## WELCOME TO A BETTER US

**OUR MISSION:  
TO PUT CHRISTIAN  
PRINCIPLES INTO  
PRACTICE THROUGH  
PROGRAMS THAT BUILD  
A HEALTHY SPIRIT, MIND  
AND BODY FOR ALL.**



Billings Family YMCA  
402 N. 32nd St.  
Billings, MT 59101  
406-248-1685  
[scholarship@billingsymca.org](mailto:scholarship@billingsymca.org)

# Billings Family YMCA Scholarship Program

Check One:  New Scholarship Application  Renewing Current

How would you like to be notified of approval or if more information is needed?

Check One:  Email (preferred)  Phone  Mail

To process your application, we will need the following information from all adults in the household:

1. A copy of your last Tax Return AND your last 2 paystubs.
2. Verification on all public assistance that you receive.(Food stamps or TANF, Child Support, SSI, Unemployment, etc.)

Failure to complete all information will result in the application being returned to you unprocessed.

## Primary Adult:

First: \_\_\_\_\_

Last: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Gender: M F

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Employment Information:

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Length Employment: \_\_\_\_\_

Average Hours Worked Per Week: \_\_\_\_\_

Paid: Weekly Bi-monthly Monthly Other

## Secondary Adult:

First: \_\_\_\_\_

Last: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Gender: M F

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Employment Information:

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Length Employment: \_\_\_\_\_

Average Hours Worked Per Week: \_\_\_\_\_

Paid: Weekly Bi-monthly Monthly Other

## Household Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## FOR FAMILY MEMBERSHIPS ONLY.

Please list **CHILDREN UNDER 18 living in household** to be included on membership.

Child's Name:

Child's Name:

1. \_\_\_\_\_ D.O.B \_\_\_\_\_ Age: \_\_\_\_\_ 2. \_\_\_\_\_ D.O.B \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ D.O.B \_\_\_\_\_ Age: \_\_\_\_\_ 4. \_\_\_\_\_ D.O.B \_\_\_\_\_ Age: \_\_\_\_\_

5. \_\_\_\_\_ D.O.B \_\_\_\_\_ Age: \_\_\_\_\_ 6. \_\_\_\_\_ D.O.B \_\_\_\_\_ Age: \_\_\_\_\_

7. \_\_\_\_\_ D.O.B \_\_\_\_\_ Age: \_\_\_\_\_ 8. \_\_\_\_\_ D.O.B \_\_\_\_\_ Age: \_\_\_\_\_

**All income needs documentation**

Wages, salaries, & tips	\$ _____	Annual
Unemployment	\$ _____	Annual
Social Security	\$ _____	Annual
Child Support	\$ _____	Annual
Public Assistance	\$ _____	Annual
Food Stamps	\$ _____	Annual
Taxes	\$ _____	Annual
Other	\$ _____	Annual

**If your income is zero please note how you are paying your monthly expenses on the back.**

What can you afford to pay monthly for a YMCA membership?

We do not offer full ride scholarships.

\$ \_\_\_\_\_

Total Calculated Annual Income: \_\_\_\_\_

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**Please explain on the next page why you are applying for financial assistance.**

**Effective Immediately:**

- All account past due balances must be paid before you are able to renew (Payment plans are available)
- Scholarship recipients are no longer eligible for reserved lockers.
- All scholarship accounts will be drafted on the 1<sup>st</sup> of each month.

The Billings Family YMCA is a non-profit organization committed to helping the people of Billings and surrounding areas to grow in spirit, mind, and body. YMCAs are here to serve people of all ages, backgrounds, and abilities, regardless of their ability to pay full cost. The Billings Family YMCA is community-based, and believes that its programs and services should be available to everyone. That is why the YMCA offers a scholarship program. This program is designed to fit each individual’s financial situation. We check all applicants against the Montana State Violent Offender Registry. **By signing below, I understand that the Billings YMCA checks all applicants on the Montana State Violent and Sexual Offender Registry.**

FINANCIAL ASSISTANCE: In keeping with our mission, the Billings Family YMCA provides financial assistance to those who qualify based on a gross income sliding fee scale. We do not offer full ride scholarships. Members may only qualify for one form of financial assistance: scholarship, corporate discount or employee discount. If a member qualifies for two forms of assistance, they may choose the greater discount of the two. Your fees are subject to increase when you reapply. **If you do not reapply when requested, your membership will be terminated.**

We encourage all scholarship recipients to send a Thank You letter. Please address this letter to the YMCA, Attn: Family Support Coordinator, 402 N. 32nd Street, Billings, MT 59101.

I verify that all the information submitted is correct, complete, and accurate. If my situation changes at time of scholarship expiration, I agree to notify the Billings Family YMCA within 10 days of this change. **I understand that I have to re-apply** to keep my information and application updated. If I submit false or inaccurate information, or fail to notify the Billings Family YMCA of any changes within 10 days, I may be disqualified from the Scholarship program. The YMCA reserves the right to refuse financial assistance to any applicant.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Applicant

