APPLICATION FOR FINANCIAL ASSISTANCE

The Dubuque Community Y scholarship program provides membership and program assistance to individuals and families based on family size and income guidelines. This program is made possible through the generous donations of individuals, businesses, and the Unity Way.

Name: ___________________________ Phone #: ________________________ Today’s Date: __________
(person filling out form)

STEP 1 – Registration information (person receiving the assistance)

Name: ___________________________ Birthdate: ___________ □ Male □ Female
Address: ___________________________ City: ___________ State: ______ Zip: ___________
Phone #: ___________________________ Email: ______________________________
Emergency Contact: ___________________________ Emerg. Phone #: __________________

STEP 2 – Documentation

Attach a copy of current paystubs, W2 Forms, statements indicating compensation, and/or other verification for ALL the following that apply. Use the below information to total the household’s gross monthly income and indicated the number of people living in the household.

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, salary, tips</td>
<td>$ ______</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$ ______</td>
</tr>
<tr>
<td>Social Security</td>
<td>$ ______</td>
</tr>
<tr>
<td>Child Support</td>
<td>$ ______</td>
</tr>
<tr>
<td>Alimony</td>
<td>$ ______</td>
</tr>
<tr>
<td>FIP/Food Stamps</td>
<td>$ ______</td>
</tr>
<tr>
<td>Retirement Benefits</td>
<td>$ ______</td>
</tr>
<tr>
<td>Other Assistance</td>
<td>$ ______</td>
</tr>
</tbody>
</table>

TOTAL GROSS MONTHLY INCOME: $ ______ # of people living in your Household: _________

STEP 3 – Type of Assistance

□ Membership Assistance  □ Childcare Assistance  □ Both (membership & childcare)

For membership assistance select Membership Type:

□ Older Adult (ages 60+)
□ Adult (ages 25-59)
□ Young Adult (ages 19-24)
□ High School (ages 13-18)
□ Youth (ages 12 and under)

□ 1 Adult Family – (1 Adult with all children 24 years and under living in the same household)
□ 2 Adult Family – (2 Adults with all children 24 years and under living in the same household)

For Family Memberships, list additional family members:

Name: ___________________________ Birthdate: ___________ □ Male □ Female
Name: ___________________________ Birthdate: ___________ □ Male □ Female
Name: ___________________________ Birthdate: ___________ □ Male □ Female
Name: ___________________________ Birthdate: ___________ □ Male □ Female
Name: ___________________________ Birthdate: ___________ □ Male □ Female

STEP 4 – Assistance Notification

Within one week a Member Services Representative from the Y will call and notify you of any assistance you qualify for.

Notice: This form and the copies you attach will not be returned to you. You must reapply each year to verify your current situation if you wish to continue to receive assistance. If you have any questions contact the Membership Director at 563-556-3371.