



# 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.

\$ _____ Wages, salary, tips	\$ _____ FIP/Food Stamps
\$ _____ Unemployment	\$ _____ Retirement Benefits
\$ _____ Social Security	\$ _____ Other Assistance
\$ _____ Child Support	
\$ _____ Alimony	
<b>TOTAL GROSS MONTHLY INCOME \$ _____</b>	
<b># of people living in your Household _____</b>	

## STEP 3 – Type of Assistance

- Membership Assistance       Childcare Assistance       Both (membership & childcare)

For membership assistance select Membership Type:

- |  |  |
|--|--|
| <input type="checkbox"/> Older Adult (ages 60+)    | <input type="checkbox"/> 1 Adult Family - (1 Adult with all children 24 years and under living in the same household)  |
| <input type="checkbox"/> Adult (ages 25-59)        | <input type="checkbox"/> 2 Adult Family - (2 Adults with all children 24 years and under living in the same household) |
| <input type="checkbox"/> Young Adult (ages 19-24)  |  |
| <input type="checkbox"/> High School (ages 13-18)  |  |
| <input type="checkbox"/> Youth (ages 12 and under) |  |

For Family Memberships, list additional family members:

- |             |                  |                               |                                 |
|-------------|------------------|-------------------------------|---------------------------------|
| Name: _____ | Birthdate: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Name: _____ | Birthdate: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Name: _____ | Birthdate: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Name: _____ | Birthdate: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Name: _____ | Birthdate: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> 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.*