

eliminating racism
empowering women

ywca
minneapolis



Office Use Only

Given By _____ Date _____
Received By _____ Date _____
Reviewed By _____ Date _____
Member # _____ Call/Letter _____
 Awarded _____ Declined _____
Award % _____ JF _____ Monthly \$ _____
Includes _____ + Adult(s) _____ Dependent(s) _____

YWCA OTTERS SCHOLARSHIP APPLICATION

The YWCA of Minneapolis is committed to awarding income-based scholarships in a fair and consistent manner. **We therefore only accept applications that have all questions answered and all required documentation attached. Incomplete applications will not be processed.** The paperwork provided will not be returned.

It is your 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 of a scholarship. If you or any of your household members have an outstanding balance with the YWCA of Minneapolis, you will not be eligible to start a new membership until all monies owed are paid in full.

Awards are valid for 30 days from the date of notification. Once redeemed, the scholarship membership is valid for one year from the day the membership starts. The YWCA reserves the right to deny or cancel memberships at any time. Scholarship memberships may not be placed on hold; however, you can cancel in accordance with the YWCA's cancellation policy. The YWCA is not responsible for notifying members that their membership is about to expire.

Scholarship applicants that are declined must wait six months before applying again.

PRIMARY APPLICANT INFORMATION (please print)

Full Name _____ Date of Birth _____ Gender _____
Address _____
City, State, Zip _____
Primary Phone _____ Alternate Phone _____
Email Address _____

ADDITIONAL HOUSEHOLD MEMBER INFORMATION - all individuals you want on the membership

(please print)

Maximum number of adults on the application is two; all children are considered to be under the age of 21

Full Name _____ Date of Birth _____ Gender _____
 Full Name _____ Date of Birth _____ Gender _____
 Full Name _____ Date of Birth _____ Gender _____
 Full Name _____ Date of Birth _____ Gender _____
 Full Name _____ Date of Birth _____ Gender _____

HOUSEHOLD INCOME (Required)

\$ _____ TOTAL MONTHLY HOUSEHOLD INCOME (without expenses)

Expires _____

DOCUMENTATION REQUIRED

In order for us to process your application, **you must provide 2015 tax returns for all adults in the household, as well as proper documentation for all dependents listed.** If you are claimed as a dependent on someone else's tax return, you must also include a copy of your provider's proof of income.

1. Are you a full time student?
 - Yes
 - No
2. Did you and/or the other adult file taxes for 2015?
 - Yes – You must provide a current copy of each adult's tax return with the AGI (Adjusted Gross Income). **Proceed to 3.**
 - No – In order to qualify for a scholarship, all applicants must provide current tax returns for 2015.
3. Are you and/or the other adult in the household currently employed?
 - Yes – A copy of 3 paystubs for each job is required from each adult. **Proceed to 4.**
 - No – **Proceed to 4.**
4. Do you and/or the other adult receive any government assistance and/or child support?
 - Yes – A copy of each government document is required for each adult. This may include a government issued statement showing benefit payments ex: MFIP, SSI, disability, child support, etc. **Proceed to 5.**
 - No – **Proceed to 5.**
5. Do you have dependents to include on this application?
 - Yes – **Proceed to 6.**
 - No – **Proceed to 7.**
6. You must provide proper documentation for all dependents on the application. Documents must include both the applicants name and the dependents name. Paperwork must include either tax forms with dependents claimed, MA forms, official school documents or a lease agreement. **Proceed to 7.**
7. Has there been a change in your current income compared to the previous year?
 - Yes – Please provide an explanation on a separate piece of paper and attach to the application.
 - No

DOCUMENTATION RESOURCES

1. 2015 tax return: www.irs.gov or (800) 829-1040
2. Prepare and Prosper: (651) 287-0187
3. Social Security Office: (800) 772-1213 or TTY (800) 325-0778 or www.ssa.gov
4. Unemployment: <http://unemploymentmn.com/> Member can log on and get most current documentation.
5. AARP Office: 300 6th Street S., Minneapolis, MN (612) 348-4100

CERTIFICATION

I certify that the information provided is accurate, truthful, and includes proof of income for all adult applicants in the household, as well as documentation for all dependents. I understand that the information I have provided is subject to review and verification, and that incomplete applications will be denied.

Primary Applicant Signature: _____ Date: _____

Print Name: _____

****EVERY SECTION (FRONT AND BACK) MUST BE COMPLETE OR APPLICATION WILL BE DENIED****

****RETURN YOUR COMPLETED APPLICATION TO ANY OF OUR THREE HEALTH AND FITNESS FACILITIES****

Downtown
Attn. Scholarship
1130 Nicollet Mall
Minneapolis, MN 55403
(612)215-4118

Midtown
Attn. Scholarship
2121 East Lake Street
Minneapolis, MN 55407
(612)215-4332

Uptown
Attn. Scholarship
2808 Hennepin Ave S
Minneapolis, MN 55408
(612)215-4232