



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOLARSHIP APPLICATION HAGERSTOWN YMCA

We are pleased you are interested in becoming a member!

Our Financial Assistance Program is made possible through the generous contributions of individuals, businesses, and foundations who support the mission of the YMCA.

In order to ensure equity, the Hagerstown Y requires that individuals seeking financial assistance provide information regarding income, family size and circumstances. Please check the Required Documentation section and provide **copies** of all documents that pertain to your situation.

Failure to provide all applicable documentation will result in the denial of the application.

Members receiving assistance are required to notify the Y of any significant changes to income or benefits during the member year. Failure to provide this information may result in the termination of your membership.

Scholarship memberships expire twelve months from the date of activation. Members must reapply annually with updated information. In order to ensure continuous member status, please reapply 30 days before the membership expires.

All applications are reviewed to determine financial assistance eligibility. Please allow 30 days for processing. You will be notified by mail, phone or e-mail when your application has been processed.

Please mail or bring your completed application to:

YMCA of Hagerstown
1100 Eastern Blvd. N.
Hagerstown MD 21742

Section 1: Applicant Information

Applicant's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Ethnicity: White Black Hispanic/Latino Asian
 Mixed Other Decline to Answer

Marital Status: Single Married Divorced/Separated Widowed

Employment Status: Full time Part time Medical/Disability Laid off
 Workers Comp Retired

Emergency Contact Outside of Household: _____ Phone: _____

Section 2: Co-Applicant Information

Applicant's Name: _____ Date of Birth: _____

Cell Phone: _____ E-mail: _____

Ethnicity: White Black Hispanic/Latino Asian
 Mixed Other Decline to Answer

Marital Status: Single Married Divorced/Separated Widowed

Employment Status: Full time Part time Medical/Disability Laid off
 Workers Comp Retired

Section 3: Other Household Members (List all dependents in this home)

Note: Program scholarships are not available to those with memberships

Name	Relationship	Birth Date	Sex M / F	Ethnicity	CC	BASE	CMP	PROG

CC = Child Care

BASE = Before and After School Enrichment

CMP = Camp

PROG = Program

Section 4: Household Financial Information

Source of Income (Please indicate annual amount)	Applicant (A)	Spouse/ Partner (B)	All others in Household (C)	Total A+B+C
Gross Pay before Deductions	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Social Security (SSA)	\$	\$	\$	\$
Supplemental Security Income (SSI)	\$	\$	\$	\$
Food Stamps (SANP)	\$	\$	\$	\$
Child Support (POC-State Support)	\$	\$	\$	\$
Child Support (Court Order)	\$	\$	\$	\$
Housing Allowance/Subsidy	\$	\$	\$	\$
Other (Energy Assistance, WIC, TCA, etc.)	\$	\$	\$	\$
Total Income and Assistance	\$	\$	\$	\$

Section 5: Eligibility Information

- Financial assistance is based on a sliding scale, which takes into account household size and total income. All sponsored recipients will be asked to pay some portion of the fees or co-pay.
- Although the YMCA believes that its services should be available to all, funds are limited and therefore applications for financial assistance may be denied for the following reasons:
 - Income exceeds allowable limits.
 - Applicant 18 and older is dependent of a parent or guardian.
 - Applicant, co-applicant, or household member has outstanding past due balance with the Y.
 - Applicant, co-applicant requesting child care or camp assistance already receives state assistance (POC).
 - Failure to provide applicable documentation. (See below)
- Applicant/co-applicant must pursue child support or show proof that pursuit has not resulted in payment of support.
- All applications will be thoroughly reviewed to determine eligibility. Please allow four weeks for your application to be processed (longer if application is incomplete).

Section 6: Required Documentation (Include all that are applicable to your situation)

- Copy of most recent tax return (Federal Form 1040) listing all household members 18 and over.
- Copy of last two pay stubs or, if unemployed, a copy of your award letter.
- Copy of Social Security, SSI, or Disability Awards letters or a copy of bank statement showing amount of automatic monthly deposits.
- Documentation of any additional income including federal, state or local assistance, such as unemployment, food stamps, rent subsidy, child support, workers compensation, etc.
- Denial letter for DSS when applying for child care or camp assistance.
- Applications for individuals over 18 with less than \$11,000 or households with less than \$15,000 in documented income/assistance must provide a letter explaining ability to pay at least 20 percent of the annual Y dues.
- Letter explaining any special circumstances that should be considered.

I hereby certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

Applicant's Signature: _____ Date: _____

PARTICIPANT HEALTH/EMERGENCY INFORMATION • WAIVER

The following MUST be initialed in order to Participate in any Y Program/Activity

1. _____ In initialing this agreement, I certify that I/my child am/is able to participate fully in the program unless otherwise stated in writing to the YMCA. In case of voluntary withdrawal, I understand that there will be no refund of fee for the period concerned.
2. _____ In consideration of being allowed to participate in the activities and programs of the YMCA (the "YMCA Programs") and to use the facilities, equipment, and machinery of the YMCA (the "YMCA's facilities and Equipment"), I/We do hereby waive, release and forever discharge, and indemnify and hold harmless the YMCA and its officers, agents, employees, representatives, and all others from any and all responsibility or liability for injuries or damages, except those caused by the negligent act or omission of any of the foregoing persons, or entities, arising out of, resulting from, or in connection with my/our use of the YMCA's facilities and equipment or my/our participation in any YMCA programs.
3. _____ I/We understand that participation in the YMCA Programs and the use of the YMCA's facilities and Equipment is potentially hazardous. I/We also understand that fitness activities involve a risk of injury and even death and that I/we am/are voluntarily participating in the YMCA Programs and using the YMCA's facilities and Equipment with knowledge of the dangers involved. I/We hereby agree to expressly assume and accept any and all risks of injury or death.
4. _____ I/We understand that the YMCA's facilities and Equipment and YMCA Programs may not be advisable for certain individuals, including but not limited to elderly persons, pregnant women, persons suffering from heart disease, diabetes, high or low blood pressure and other conditions and illnesses, and persons taking medication. I//We hereby acknowledge that I/we have been advised to seek advice from a physician regarding the use of the YMCA's facilities and Equipment. I/We also acknowledge that it has been recommended that I/we have a yearly or more frequent physical examination and consultation with my/our physician as to my/our participation in YMCA Programs and my/our use of the YMCA's facilities and Equipment. I/We acknowledge that I/ we have either had a physical examination and have been given y/our physicians/ permission to participate, or that I/We have decided to participate in YMCA Programs and/or use the YMCA's facilities and Equipment without the approval of my/our physician and do hereby assume all responsibility for my participation in the YMCA's Programs and my/our use of the YMCA's facilities and Equipment.
5. _____ The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.
6. _____ As part of the overall YMCA program, participants occasionally are photographed/videotaped and have work displayed by the YMCA staff. If initialed, you hereby grant permission and approval that you or your child may be photographed or videotaped by YMCA Staff, and also that the participant's likeness, name, performance, artwork, or written work may be used by the YMCA in any YMCA publications, materials, advertisements, web-site, and programs. Hagerstown YMCA, permits individuals to use photographic devices during program instruction with certain stipulations on how and where they can be used. A procedure outlining the parameters of this is posted in most program areas and a copy will be made available to individuals that request it. It is required that an individual that uses photographic devices adhere to this procedure. For your safety and security the YMCA may be monitoring certain areas by video surveillance.
7. _____ I authorize the YMCA to provide medical care and seek advanced medical care for myself or my child should the need arise. I also authorize YMCA to arrange for transport or my child for the purpose of providing medical care, if necessary, at the discretion of the YMCA or medical personnel.

Please list all:

Allergies: _____

Medical conditions: _____

Medications: _____

I agree to abide by all YMCA Membership Policies, Bylaws and Standards of Conduct. I further acknowledge that the YMCA reserves the right to terminate the membership of anyone who violates the Bylaws, or Standards of Conduct.

Date: _____ Signature: _____ Staff Initials: _____