



# FINANCIAL ASSISTANCE SCHOLARSHIP APPLICATION

Date: \_\_\_\_\_

## APPLICANT INFORMATION

Name		DOB
Mailing Address		
City	State	Zip Code
Email (required)	Cell Phone (required)	
Emergency Contact Name	Emergency Contact Cell Phone	

## ALL PERSONS LIVING IN THIS HOUSEHOLD

**Adults** (spouse, partner, parent(s), and dependent kids 18-23) proof (ID) that each adult lives at my address **MUST** be provided at the time of activation.

NAME	DOB	RELATIONSHIP TO ME	EMPLOYER

**Children** under 17 who live with me (children must be listed as dependents on your 1040 Tax Form or you **MUST** provide proof of custody.)

NAME	DOB	RELATIONSHIP TO ME	SCHOOL

**Medical Conditions:** Any medical conditions the YMCA should be aware of when membership is activated.

NAME:	CONDITION:
NAME:	CONDITION:

TO QUALIFY FOR ASSISTANCE, PROVIDE THE FOLLOWING (proof of income is required for all adults listed in your household):

<p><b>FILED FEDERAL TAXES FOR LAST YEAR</b></p> <ul style="list-style-type: none"> <li>● 1040 Federal Tax Forms(s) for all adults in household</li> <li>● Any other sources of income (SNAP, housing assistance, child support, etc).</li> </ul>	OR	<p><b>DID NOT FILE FEDERAL TAXES FOR LAST YEAR</b></p> <p><b>OR</b></p> <p><b>HOUSEHOLD INCOME HAS CHANGED SINCE FILING TAXES FOR LAST YEAR</b> (Submit three of the documents below)</p> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>● Pay stubs (1 month)</li> <li>● Social Security/Disability</li> <li>● SNAP</li> <li>● Housing assistance</li> <li>● Unemployment</li> <li>● Retirement income</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>● Child support</li> <li>● Letter from friends or family who provide financial support</li> <li>● Other source of income (indicate)</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>● Pay stubs (1 month)</li> <li>● Social Security/Disability</li> <li>● SNAP</li> <li>● Housing assistance</li> <li>● Unemployment</li> <li>● Retirement income</li> </ul>	<ul style="list-style-type: none"> <li>● Child support</li> <li>● Letter from friends or family who provide financial support</li> <li>● Other source of income (indicate)</li> </ul>
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I certify that this information is true and complete to the best of my knowledge. I grant permission to the YMCA of Hagerstown to verify this information. I agree to notify the YMCA within 30 days, if my financial status should change

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

## WELCOME TO ALL

The YMCA welcomes all who wish to participate. We believe that no one should be denied access to the Y based on their ability to pay. Though our Annual Giving Campaign, the Hagerstown YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

## COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the Y in a fair and consistent manner. YMCA members who receive assistance are treated no differently than the ones who pay full price. They can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people, and is committed to our community, youth development, healthy living and social responsibility.

- YMCA Financial Assistance reduces fees, but does not eliminate them. The Y believes a strong sense of ownership and pride is developed if the recipient has contributed to their Y involvement.
- Membership is NEVER free. We approve scholarships based on a sliding income scale resulting in 10-80% subsidy on annual fees using annual gross household income and the number of dependents whether applying for single or family memberships.
- Scholarships will be granted for a period of 12 months, reapplication is required after that time.
- Membership fees are subject to change when you reapply.

### WHY DO I WANT TO JOIN THE Y?

In your own words, please tell us why you want to join the Y.

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**TELL US MORE.** . . Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, please attach an additional sheet of paper.

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## LIABILITY WAIVER: The following MUST be initialed in order to participate in any YMCA 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.

**\*\*Waiver will go into effect upon signature and date below.** Waiver will remain in effect until Participant/Participant Guardian provides the Hagerstown YMCA with updated Health/Emergency Information.

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: \_\_\_\_\_