

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

HCFYMCA.ORG

WELCOME TO ALL

Membership And Program Financial Assistance Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Henderson County Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Assistance Program, the Y provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining the amount of assistance is handled by YMCAs in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people and is committed to youth development, healthy living and social responsibility.

The assistance program reduces membership and/or program fees; it does not eliminate them.

You will receive an approval phone call within a week of returning your completed application. If your application is incomplete, your application will be returned to you through mail for completion.

The YMCA requests that individuals and families reapply once each year to update documentation so we can ensure continuous service.

Membership fees are subject to change when you reapply. If you do not reapply at the time requested, your membership will expire.

Please contact frontdeskymca42420@gmail.com or call if you have any questions.

Our Mission:

To put christian principles into practice through programs, services, and facilities that build a healthy spirit, mind, and body for all.

MEMBERSHIP AND PROGRAM ASSISTANCE APPLICATION

Primary Applicant Info				
FIRST NAME:	MI	LAST NAME_		
BIRTHDATE:/ GEN	IDER: OM	⊖ F		
MAILING ADDRESS:			AP	Γ#
CITY:		STATE:	ZIP:	
PRIMARY PHONE:()	PH	ONE (OTHER):()	
Please provide email address for m	ember commun	<i>ication and online</i>	account ac	cess
EMAIL:				
EMPLOYER:			_)	
EMERGENCY CONTACT:		PHONE:	<u> </u>	
3 All Persons Living In	This Hous	ehold		

Place a check mark \bigotimes for each family member applying for assistance.

O Adult	DOB	Gender M F
O Adult	DOB	Gender M F
Child	DOB	Gender M F
Child	DOB	Gender M F
Child	DOB	Gender M F
Child	DOB	Gender M F
Child	DOB	Gender M F
Other Dependent(s)	Age(s)	Gender M F

2	I am Applying For Check category for which you are applying					
		YOUTH (ages 17 & under)				
N = 		STUDENT (Must be enrolled in a school)				
		ADULT (age 18+)				
		TWO ADULTS (age 18+)				
		SINGLE PARENT + CHILDREN				
		TWO ADULTS + CHILDREN				
		SENIOR (age 60+)				
		SENIOR COUPLE (primary must be 60+)				
		PROGRAMS				
		OTHER				

FOR OFFICE USE		
UNIT ID#	Date Approved	
Membership % Awarded	Ехр	
Program % Awardeded	Ехр	
Programs Included		

4 To Qualify For Scholarship, Provide The Following Documents:

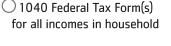
I FILED FEDERAL TAXES FOR LAST YEAR

1040 forms.

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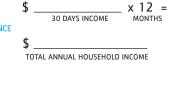
I am an individual filing jointly; I am providing ONE 1040 form

We filed more than ONE tax form in our household; We are providing



 I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)



5 Please Read The Following And Sign

I agree, if necessary, to send additional information and documentation to support the above statements. A cancellation form turned in on or after the 1st of the month will result in membership dues being charged for that month. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future. My membership payments are drafted on the 15th of the month. I understand that my membership will be periodically reviewed and will be canceled for non-payment. By signing this member enrollment form I agree that I and anyone listed as part of this unit will abide by the Y's Code of Conduct. I acknowledge that it's the policy of the Y to deny membership to individuals convicted of a SEXUAL OFFENSE? Yes No

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I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the staff and volunteers from any claims or injury sustained during my use of the YMCA's program and facilities property or not.

Date_