



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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.



HCFYMCA.ORG

1 Primary Applicant Information

FIRST NAME: _____ MI _____ LAST NAME _____

BIRTHDATE: ___/___/___ GENDER: M F

MAILING ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: (____) _____ - _____ PHONE (OTHER): (____) _____ - _____

Please provide email address for member communication and online account access

EMAIL: _____

EMPLOYER: _____ WORK PHONE: (____) _____ - _____

EMERGENCY CONTACT: _____ PHONE: (____) _____ - _____

2 I am Applying For

Check category for which you are applying

MEMBERSHIP	<input type="checkbox"/> YOUTH (ages 17 & under)
	<input type="checkbox"/> STUDENT (Must be enrolled in a school)
	<input type="checkbox"/> ADULT (age 18+)
	<input type="checkbox"/> TWO ADULTS (age 18+)
	<input type="checkbox"/> SINGLE PARENT + CHILDREN
	<input type="checkbox"/> TWO ADULTS + CHILDREN
	<input type="checkbox"/> SENIOR (age 60+)
	<input type="checkbox"/> SENIOR COUPLE (primary must be 60+)
	<input type="checkbox"/> PROGRAMS
	<input type="checkbox"/> OTHER _____

3 All Persons Living In This Household

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

<input type="checkbox"/> Adult	DOB	Gender M F
<input type="checkbox"/> Adult	DOB	Gender M F
<input type="checkbox"/> Child	DOB	Gender M F
<input type="checkbox"/> Child	DOB	Gender M F
<input type="checkbox"/> Child	DOB	Gender M F
<input type="checkbox"/> Child	DOB	Gender M F
<input type="checkbox"/> Child	DOB	Gender M F
<input type="checkbox"/> Child	DOB	Gender M F
<input type="checkbox"/> Other Dependent(s)	Age(s)	Gender M F

FOR OFFICE USE

UNIT ID# _____ Date Approved _____

Membership % Awarded _____ Exp _____

Program % Awarded _____ Exp _____

Programs Included _____

4 To Qualify For Scholarship, Provide The Following Documents:

I FILED FEDERAL TAXES FOR LAST YEAR

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 _____ 1040 forms.

1040 Federal Tax Form(s) for all incomes in household

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

or

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)

\$ _____ x 12 = _____
30 DAYS INCOME MONTHS

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

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 and that the Y checks its membership records for convictions monthly. Have you or anyone in this household ever been convicted of a SEXUAL OFFENSE? Yes No

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.

X _____ Date _____
Signature of applicant and Guardian if under the age of 18