



Name _____ Date _____ Complete _____ Incomplete _____

Scottsbluff Family YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Our Mission: To put Christian principles into practice through programs that promote healthy lifestyles, strong families, and positive youth development to build healthy spirit, mind and body for all, regardless of ability to pay.

WELCOME TO ALL

People Helping People Scholarship 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 Scottsbluff Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

It is the policy of the Scottsbluff Family YMCA to provide services for families who desire to participate and understand the benefits of the YMCA, regardless of their ability to pay . Our desire is to turn no one away because of an inability to pay. Each year countless members of our community volunteer their time to help raise financial support to subsidize this scholarship program.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members 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 youth development, healthy living and social responsibility.

A scholarship reduces membership fees, it does not eliminate them. Most scholarships will be granted for 12 months. We require that individuals and families reapply annually with updated documents. Membership fees are subject to change when you reapply. If you do not reapply, your membership will expire. **Program scholarships** are only granted for the length of each program.



Scottsbluff Family YMCA
22 South Beltline Hwy E
PO Box 2423
Scottsbluff, NE 69361
308-635-2318

FINANCIAL ASSISTANCE APPLICATION



Applying For: Membership Program

Name _____ Phone: Home (____) _____ Cell (____) _____

Address _____ City _____ ST _____ Zip _____

Email _____

YOU MUST SUBMIT COPIES OF ALL INCOME THAT APPLY.

YOU MUST LIST ALL EXPENSES.

Income		Expense	
Gross Monthly Income (Before Taxes)	\$ _____	Rent/Mortgage	\$ _____
Spouse's Gross Monthly Income (Before Taxes)	\$ _____	Car/Insurance	\$ _____
Child Support	\$ _____	Fuel	\$ _____
Aid to Dependent Children	\$ _____	Groceries	\$ _____
Social Security Compensation	\$ _____	Utilities	\$ _____
Unemployment Compensation	\$ _____	Phone	\$ _____
Food Stamps	\$ _____	Child Support	\$ _____
Welfare	\$ _____	Medical	\$ _____
Retirement Funds	\$ _____	Child Care	\$ _____
Other (Please explain)	\$ _____	Alimony	\$ _____
Other (Please explain)	\$ _____	Other (Please explain)	\$ _____
TOTAL MONTHLY INCOME	\$ _____	TOTAL MONTHLY EXPENSE	\$ _____

The following may be used to support your financial assistance request:

- 1040 Tax Form Free & Reduced Lunch Letter Social Security Letter

Additional Items For Consideration (Job Loss, Child Support, Medical Bills, Disability, etc.)

I am requesting assistance from the Y because of my personal circumstances. I verify that all information submitted is complete and accurate. If my situation changes, I agree to notify the Y. If I submit false or inaccurate information or fail to notify the Y of a change within 30 days, my membership may be subject to termination.

I understand that my Financial Assistance Rate is good for a one year period, and that in order to extend this rate for another year, I must re-verify my income two weeks prior to the end of the current one year period. **If I do not reverify my need for financial assistance two weeks prior to the end of my Financial Assistance term, my membership will be cancelled until new paperwork is approved and we receive payment.**

Member Initials: _____

Applicant Signature: _____ Date: _____

ASSISTANCE APPROVAL

Membership Type: _____ Renewal Date: _____

Approved Membership Rate: \$ _____ Scholarship amt: \$ _____

Program Approved: _____ Approved Amount: _____

CEO Signature: _____ Date: _____



YMCA of Scottsbluff Membership Application

The mission of the YMCA of Scottsbluff through community support, volunteers and professional staff, is to help all citizens regardless of age, race, religion, sex, socio-economic, or handicap status of our community, to put Christian principals into practice through affordable programs that build healthy spirit, mind, and body for all; to strengthen individual and family life and enrich human relationships bringing a fuller understanding of and a deeper relationship with God.

Join Date: _____ Full Pay ACH Corporate Payroll Corporate ACH

Membership Type: Youth (8-18) Young Adult (19-22 College up to 26 (12 Credits Min.) Adult Two Adults
 Single Adult Household Two Adult Household Senior Adult (Age 62 +) Senior Adult Household (one 62+) Military

(01) First Name _____ MI ____ Last Name _____ M F

Birth Date ____/____/____

(02) First Name _____ MI ____ Last Name _____ M F

Birth Date ____/____/____

	Dependent/Children's Names	M/F	Birth Date	Relationship	School	Grade
03						
04						
05						
06						
07						
08						

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ E-mail Address _____

Employer _____ Phone # _____

Emergency Contact _____ Relationship _____ Phone _____

By signing this application, I indicate that I have read the reverse side and fully agree to the terms and conditions of this application.

Signature: _____ Date: _____ Staff Signature: _____

The Scottsbluff YMCA reserves the right to close the entire facility (s) for up to seven days annually for maintenance and repairs. This potential closure does not affect membership rates thereby refunds for days closed for annual maintenance will not be deducted from your membership fees. The YMCA will be closed the following family holidays: Easter, Thanksgiving and Christmas.

OFFICE USE ONLY	Joining Fee	\$ _____	Yearly Amount: \$ _____
	First Month(s)	\$ _____	Monthly Amount: \$ _____
	Locker Service	\$ _____	Direct Debit Date: _____
	Total	\$ _____	<i>Paid by:</i> ____ Cash ____ Check ____ Credit Card

PLEASE READ BACK OF APPLICATION

TERMS OF MEMBERSHIP:

Regardless of the payment program agreed to contain to this membership application, you are responsible for the full amount of the joining fee, dues and charges accrued up to receipt of cancellation. Monthly dues payments must be made in consecutive order, with no lapse in monthly dues for the full length of the term, unless the membership has been terminated as set forth in our "WRITTEN REQUEST FOR TERMINATION OF MEMBERSHIP." **No phone calls will be accepted to cancel your membership.** Payments must be made regardless of whether you use the facility for the full-time period.

Refund Policy –For ACH Memberships NO REFUNDS will be given. For Members who pay in full: Within 30 days a full refund LESS ONE MONTH OF MEMBERSHIP. There will be NO REFUND after 60 days.

Paid in Full Memberships - Are valid for one year from the date of purchase and can be purchased at any time.

Automatic Clearing House Memberships (ACH) - Memberships are sold only on a yearly basis. They are however, in effect, "monthly" memberships in that the rate (depending on type of membership) is guaranteed only if current rates are in effect. Rate increases WILL be reflected on drafts in the month in which the increases occur. Down payment is paid at the time the membership is purchased. Beginning with the second month of your membership, the monthly amount is automatically withdrawn from your checking, savings account, or credit card on or after the 15th of each month indefinitely or until you cancel your membership. If your bank draft comes back for any reason, there will be a \$30 processing fee added to your bill. To cancel an ACH membership you must notify the office in writing before the 10th of the month that you wish your membership drafts to stop. You can do so by stopping in at the "Y" office and signing a "Membership Cancellation Form" and turn in your membership cards. If you cannot stop in at the "Y", you can email us at: membership@ymcaofscottsbuff.org stating your name and that you wish to cancel your membership. The "Y" will cancel any memberships for which the monthly drafts are dishonored.

Corporate Payroll Memberships - Memberships are sold only on a yearly basis. They are however, in effect, "monthly" memberships in that the rate (depending on type of membership) is guaranteed only if current rates are in effect. Rate increases WILL be reflected on payroll in the month in which the increases occur. Corporate members will be notified through their corporation of the rate increases or changes. Down payment is paid at the time the membership is purchased. Your corporation representative must be notified that you wish to cancel your membership (this must be done by the 10th of the month prior to the month in which you wish your membership to stop.)

Sex Offender Screening

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.

Membership Agreement

No member may sell or transfer his or her membership. Initiation fees and dues are subject to reasonable rules and regulations as are from time to time adopted by YMCA of Scottsbluff.

Waiver: In consideration of the YMCA accepting this application, I for myself, my heirs, executors, administrators, and/or for the minor(s) for whom I am signing, release and forever discharge the YMCA of Scottsbluff and its officers, employees, directors, agents, servants and all persons connected with the YMCA, of and from any and all rights, claims, demands and actions of any and every nature whatsoever, (including negligent acts), for any and all loss, damage, injuries sustained by me or my property, or by the minor(s) for whom I am signing or his/her property at any time I declare, for myself and the minor(s) that I/he/she/we am/is/are physically sound and medically approved to participate in the activities of the YMCA. (I give the Scottsbluff Family YMCA the right to use any pictures taken during participation in YMCA programs in YMCA promotional materials.)

I hereby acknowledge that I have received a copy of and understand the YMCA of Scottsbluff Rules and Regulations and Membership Policies and Procedures and agree to be bound by the rules and policies as they now exist and as they may from time to time be amended or supplemented and that, in particular, I have read and understand the provisions dealing with the Termination of Membership, the requirement to request termination in writing and return of all cards.

Community Health Emergencies

If our community, state of country experiences a public health pandemic or similar situation, the Scottsbluff Family YMCA could exercise the right to shutdown all or a portion of its facilities and/or programs. In this scenario, the Y could remain closed for up to 60 days. During this time, you may elect to put your Membership on hold or to cancel it. Your request for these actions must be done via email: membership@ymcaofscottsbuff.org.