



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 Social Security Letter Two Consecutive Pay Stubs

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.

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 (62 +) Senior Adult Household (uno de 62+) Military

NOTE: A Two Adult Household consists of two adults and children up to the age of 18. Children 19-22 on the same membership must be a full time college student.

Children under 12 years old must be accompanied by a parent to be granted access to the “Y” facility.

01) First Name _____ Last Name _____ M F

Birth Date ____ / ____ / ____

02) First Name _____ Last Name _____ M F

Birth Date ____ / ____ / ____

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

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email _____

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 close the following family holidays: Easter, Thanksgiving and Christmas.

PLEASE READ BACK OF APPLICATION

TERMS OF MEMBERSHIP

Regardless of the membership type selected, you are responsible for the full amount of the joining fee, dues, and any charges accrued up to the time the YMCA receives your **written request for cancellation**. Monthly dues, when applicable, must be paid in consecutive order with no lapses unless your membership has been properly terminated in accordance with YMCA cancellation procedures. The YMCA does not accept phone cancellations; all cancellations must be submitted in writing. Payments are **required regardless of whether you use the facility** during your membership term. All members agree to follow the YMCA's Rules, Regulations, and Membership Policies and acknowledge that these policies may be amended or updated by the YMCA at any time.

MONTHLY AUTOMATIC PAYMENT MEMBERSHIPS

The first month's payment is due at the time of enrollment. Monthly Automatic Payment Memberships are billed through a saved bank account (ACH) or credit/debit card. Monthly membership dues are **drafted on or after the 16th of each month** and continue automatically until a proper written cancellation is received. **A processing fee of 3% is applied to all credit card transactions.** If an **ACH or bank draft is returned for any reason, a \$25 returned draft fee will be added to your account.** Membership rates are subject to change. Any rate increases will be reflected on the monthly draft in the month the increase takes effect.

PAID-IN-FULL MEMBERSHIP OPTIONS

The YMCA offers prepaid membership options for 3 months, 6 months, or 12 months. Payment is due in full at the time of purchase. There are no refunds for unused time on 3-month or 6-month prepaid memberships. For 12-month paid-in-full memberships only: A refund may be requested within 30 days of purchase and will be issued minus one month of membership. After 30 days, no refunds will be issued. Paid-in-full memberships remain active through the end of the purchased term.

FAILED MONTHLY DRAFTS & PROPER CANCELLATION PROCEDURES

If a monthly automatic payment (ACH or card draft) does not process successfully on the 16th, members have the remainder of the month to update or correct their payment method. If the payment is not corrected by the end of the month, the membership will be deactivated. Reactivation of a deactivated membership requires:

\$15 reactivation fee if the membership has been inactive 1–3 months.

Payment of a new joiner's fee if inactive more than 3 months.

To avoid reactivation fees, members must properly cancel their membership in writing.

Cancellation procedures for automatic payment memberships:

All cancellations must be submitted **in writing by the 10th of the month**. If a cancellation is received after the 10th, the payment will still process on the 16th, and members will retain access to the facility through the end of the month. Cancellations can be submitted in person at the YMCA office or via email at: membership@ymcaofscottsbuff.org.

CORPORATE PAYROLL MEMBERSHIPS

The first month's payment is due at the time of enrollment. Membership dues will then be deducted through the employer's payroll system beginning the second month. Membership rates are guaranteed only while current rates remain in effect. Any rate increases will be reflected on payroll in the month they occur, and members will be notified through their employer. To cancel a corporate membership, members must cancel via the cancellation procedures listed above or notify their corporate representative in writing by the 10th of the month in which they wish their membership to end.

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.

Children Under 12 Years: Children under 12 years old must be accompanied by an adult to access the facility.

Failure to comply with this policy may result in suspension from the YMCA.

Community Health Emergencies: If the community, state, or country experiences a public health emergency or similar situation, the YMCA may close all or part of its facilities and/or programs for up to 60 days. During such closures, members may choose to place their membership on hold or cancel. All requests must be submitted via email to: membership@ymcaofscottsbuff.org

WAIVER

In consideration of the YMCA accepting this membership 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, and all persons connected with the YMCA from any and all claims, demands, or actions of any kind, including those arising from negligence, for loss, damage, or injury sustained by me, my property, or by the minor(s) for whom I am signing. I declare that I and/or the minor(s) am/are physically sound and medically approved to participate in YMCA activities. I also grant the YMCA permission to use photographs taken during participation in YMCA programs for promotional materials. Finally, I acknowledge that I have received, read, and understand the YMCA of Scottsbluff Rules, Regulations, and Membership Policies, and I agree to be bound by them as they exist now and as they may be amended in the future.

YMCA Scholarship Impact Survey

We would love to hear how the YMCA's scholarship program has made a difference in your family's life. Please take a moment to share your story.

1. How long have you been part of the YMCA community?

- First time applicant
- Less than 6 months
- 6 months to 1 year
- 1–2 years
- More than 2 years

2. Which YMCA programs have you participated in (or are applying for) through the scholarship?
(Select all that apply)

- Membership
- Youth Sports
- Swim Lessons

3. How has the YMCA scholarship program helped you or your family? In what ways do you feel it will help you or your family?

(Feel free to share specific ways it has impacted you financially, emotionally, or in terms of you and/or your children's development.)

4. What positive changes have you noticed, or do you hope to notice, in yourself/family as a result of participating in YMCA membership and programs?

5. How likely are you to recommend the YMCA scholarship program to other families?

- Very likely
- Likely
- Neutral
- Unlikely
- Very unlikely

6. Any additional comments or suggestions?
