

DANVILLE FAMILY YMCA SCHOLARSHIP APPLICATION

This is an application for financial aid toward YMCA membership and program fees. Please note that applying for financial assistance does not mean you will receive free membership or reduced program fees. Please complete this form and return with all **required proof of income that applies to you**. Return this information to the Front Desk. Incomplete applications or those without household proof of income will **NOT** be processed.

If your application is approved, you will receive a letter in the mail or an email stating the amount you have been awarded. **The award letter will be processed and mailed within 2 weeks (10 business days).** The award letter will expire 3 months from the letter date.

Scholarship memberships may be paid for in one of two ways: (1) it can be paid in full and will expire 6 months from the date of joining or (2) the scholarship recipient may choose to have the reduced rate drafted from a checking or a credit/debit card account once a month for a 6 month period. Scholarships may be renewed by completing the entire application process again.

For those applying for family membership: For any person(s) in the household that is over the age of 18 will need to show proof of residency at the provided address. This could be a state issued driver's license or two billing statements from two separate companies, with name and address matching those applying. A report card can be used for those under the age of 18.

All YMCA scholarship memberships are determined on household income, not individual income. To apply for financial assistance the following documents are **required** from **ALL** members in household who are 18 years of age and older and not claimed as dependents on your most recent tax return. Required information is listed below:

1. **Signed 1040 tax return or W2: It is mandatory for you to turn this document in. If this is not turned in by all members of the household (18 and older), applicants will be disqualified and you will not receive financial assistance.** If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service 1-800-908-9946.
2. Qualifying support documents (**all that may apply**):
 - Copy of last two pay stubs
 - Copy of Government Assistance benefit amount
 - SNAP (Supplemental Nutrition Assistance Program) (each household member)
 - TANF (Temporary Assistance for Needy Families)
 - HUD or Section 8 (Housing Assistance)
 - Copy of most recent social security, retirement, or disability check stub or statement.
 - Copy of most recent unemployment pay stub or benefits statement

Please ensure income documentation for all individuals in the household is included for quicker application approval. Secure all information with this application and return to the Front Desk. Only complete applications will be accepted. If proper documentation is not provided, you will not be eligible for Financial Assistance.

Financial Assistance Memberships are valid for 6 months.

DANVILLE FAMILY YMCA POLICIES AND GUIDELINES

The Danville YMCA is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language, attire, smoking, use of alcohol or drugs, the removal of YMCA property or criminal conduct of any type. Such inappropriate behavior is unacceptable and the YMCA consequently retains the right to deny memberships to its applicants and to revoke a membership of any current member or participants at its sole discretion.

PAYMENT & DRAFT INFORMATION

At any point should your account (form of payment) information change, please notify the Membership Department as soon as possible to prevent a service charge of \$10 to be added to your account.

CANCELLATION POLICY

Membership Cancellation requires **written notification 30 days prior to your draft date**. Simply come to the Membership Services Desk to complete a cancellation form. In most cases, a member will owe one additional draft after submitting their cancellation notice. If you have paid a year in advance, you will not receive a refund.

YOUTH SUPERVISION

Youth ages 13 and older may use the Wellness Center, but NOT the free weights unless they have been F.A.S.T. Certified. Members must be 16 or older to use the free weights. **Any youth under the age of 13 must be accompanied by an adult at ALL times while on the YMCA property.** Youth can become F.A.S.T. certified to use equipment. See a staff member at the Wellness Desk for more information on the F.A.S.T Program.

MEMBERSHIP CARDS

Members will be issued a card upon joining. Members must scan in every time upon entering the building. If misplaced, there is a **\$3 fee to replace the card**. To avoid the \$3 fee, you can download the YMCA Danville App and add your Y card.

GUEST POLICY

Guests are welcome at the Danville YMCA, although some restrictions do apply. With the exception of the Reciprocity, members must accompany guests at all times. Guests must observe policies and restrictions that are set for all Danville Family YMCA member privileges and restrictions.

Guests of Danville YMCA members can only come once a calendar year and must present photo ID.

Youth members are NOT allowed to have guests.

FOR RECEIVING YMCA STAFF USE ONLY:

Applicant Name: _____

Date Completed application received: _____

Staff member received application: _____

Documentation included: _____ Tax Return/W2 _____ SSI/Disability
_____ TANF/SNAP/HUD _____ Unemployment
_____ Two Pay Stubs _____ Child Support
_____ Other: _____

Check one: _____ New Application _____ Renewal
_____ One-time Payment _____ Monthly Draft

Applying for: _____ Membership Type _____
_____ After School Care
_____ Summer Camp
_____ Swim Lessons
_____ Youth Sports
_____ Other _____

BENEFIT RECEIVED:
For Scholarship Administrator Use Only

_____ %

6 month fee: \$ _____ for _____ membership

6 Month draft fee: \$ _____

Program(s) Listed:
\$ _____

\$ _____

Date notified: _____ Date Valid Through: _____

Staff Signature: _____

Please print all information.

Please select the type of membership you are applying for:

- Youth (ages 3-17)
- Adult (ages 18+)
- Senior (ages 60+)
- Family (household members ONLY)

Please select the type of payment you would prefer:

- One-Time Payment
- Monthly draft

Select the type of program you are applying for (all that may apply, will not be discounted if not checked off):

- After School Program
- Summer Camp
- Swim Lessons
- Youth Sports
- Other: _____

Applicant's Name Date of Birth

Mailing Address

City State Zip Code

Phone: (Home) _____ (Cell) _____

E-Mail Address: _____ @ _____

Employer: _____ Work Phone: _____

For Family Memberships ONLY:

List all household members.

| <i>FULL NAME</i> | <i>GENDER</i> | <i>DATE OF BIRTH</i> |
|------------------|---------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

INCOME DECLARATIONS

In declaring your income, please include all means of income you/your household receive(s) including current job, pay checks, unemployment compensations, retirement income, social security, disability, and child support. Secondary Adult would be considered a spouse or family member that is working full time and/or receiving government benefits and resides in the address given. Failure to include all means of income may disqualify you from receiving financial assistance.

Monthly I receive:

| | |
|---|----------|
| Primary Adult Gross Salary (Before Deductions)..... | \$ _____ |
| Secondary Adult Gross Salary (Before Deductions)..... | \$ _____ |
| Unemployment Compensation..... | \$ _____ |
| Retirement/ 401K Income..... | \$ _____ |
| Social Security Income..... | \$ _____ |
| Disability Benefit..... | \$ _____ |
| Child Support..... | \$ _____ |
| SNAP | \$ _____ |
| TANF..... | \$ _____ |
| HUD or Section 8..... | \$ _____ |

Total Monthly Income: \$ _____

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I understand that additional information may be requested in order to keep my financial assistance valid. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

X _____
Primary Applicant's Signature

When letter is received, if assistance is not used within 3 months the amount will be expired and you will have to reapply. All outstanding balances on your account must be paid before reapplying.

MONTHLY BANK DRAFT AUTHORIZATION FORM

(Please complete one form per family)

Membership Type:

Adult Scholarship

Youth Scholarship

Family Scholarship

Senior Scholarship

Senior Family Scholarship

Billable Member's Name: _____

Payment Plan I – Automatic Bank Draft (draft from checking account)

Print Name on the Account

Address

City

State

Zip

Name of Bank

Routing Transit Number

Account Number (attached voided check)

Authorized Signature

Date

Payment Plan II – Credit Card Draft

Credit Card Number

Expiration Date

3 Digit Security Code from Back of Card

Account Number (attach voided check)

Address

City

State

Zip

Authorized Signature

Date

Draft Authorization

I authorize the Danville Family YMCA to deduct \$_____ on the 1st or 15th (circle one) of every month from my account with the financial institution named above for the payment of my monthly membership fee until my scholarship expires. I understand that I have the right to stop these automatic payments upon 30 days written notice to the Danville Family YMCA prior to the time my account is charged. I also understand that the Danville Family YMCA reserves the right to end this payment plan and my participation therein. **I understand that transactions returned unpaid by my financial institution will result in a \$10 returned fee being added to my Danville Family YMCA membership account.**

Authorized Signature

Date

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed this membership contract. For my participation in activities to be conducted by the Danville Family YMCA, I hereby give my permission and consent, now and for all time, to the Danville Family YMCA and collaborating third parties to make, reproduce, edit, broadcast, or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to the Danville Family YMCA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by the Danville Family YMCA and collaborating third parties;
- The Danville Family YMCA and collaborating third parties shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- The Danville Family YMCA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

Signing this membership contract states that I agree that my consent and this release are irrevocable. I hereby release and discharge the Danville Family YMCA collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.