

# **SHERIDAN COUNTY YMCA INCOME BASED SCHOLARSHIP APPLICATION**

**In keeping with our mission, the Sheridan County YMCA  
may be able to offer financial assistance.**

**ALL INDIVIDUALS WILL BE ASKED TO PAY BASED ON INCOME.**

## **ELIGIBILITY GUIDELINES:**

**MUST MEET THE INCOME GUIDELINES**

**MUST HAVE A PERMANENT ADDRESS**

**MUST BE EMPLOYED OR RECEIVING DISABILITY**

**(NEED TO PROVIDE PROOF OF ANY DISABILITY)**

**If granted full program scholarship, we ask the following:**

- \* Keep regular attendance (always let us know if your child will be absent)**
- \* Make sure that your child has transportation to and from and is on time.**
- \* Encourage appropriate behavior from your child when at the YMCA.**



**YMCA**

**We build strong kids,  
strong families, strong communities.**



**SHERIDAN COUNTY YMCA  
INCOME BASED FINANCIAL INFORMATION SHEET**

DATE \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

NUMBER OF PEOPLE LIVING IN HOUSEHOLD \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ UNEMPLOYED \_\_\_\_\_

**GROSS MONTHLY HOUSEHOLD INCOME SOURCES**

APPLICANT'S INCOME \_\_\_\_\_

ANY OTHER RESIDENT'S INCOME \_\_\_\_\_

UNEMPLOYMENT COMPENSATION INCOME \_\_\_\_\_

SOCIAL SECURITY INCOME \_\_\_\_\_

DISABILITY INCOME \_\_\_\_\_

CHILD SUPPORT INCOME \_\_\_\_\_

MISCELLANEOUS INCOME \_\_\_\_\_

**TOTAL GROSS HOUSEHOLD INCOME MONTHLY \$ \_\_\_\_\_**

**UNUSUAL FINANCIAL HARDSHIP**

Please share any unusual Medical Debt, Emergency related hardships, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT AMOUNT DO YOU FEEL YOU WOULD BE ABLE TO CONTRIBUTE PER MONTH?**

\$ \_\_\_\_\_

# Sheridan County YMCA Membership Application

Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sex \_\_\_\_\_ Birthday \_\_\_\_\_  
Zip

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

email \_\_\_\_\_

Office Use
Membership Type
Draft _____ Annual _____ Monthly _____
Expiration Date _____
Staff Initial /Date _____

Additional Members	Sex	Age	Birthdate		

### Areas of Interest

- |   |  |
|---|--|
| <input type="checkbox"/> Health and Fitness Classes | <input type="checkbox"/> Active Older Adults     |
| <input type="checkbox"/> Aquatics Fitness Classes   | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Youth Activities           | <input type="checkbox"/> Arts                    |
| <input type="checkbox"/> Family Activities          | <input type="checkbox"/> Other _____             |

### AGREEMENT AND RELEASE OF LIABILITY

I Understand That:

- The YMCA mission is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all.
- I understand that refunds on membership dues are seldom given.
- This membership is non-transferable.
- If I am on the automatic bank withdrawal plan, I must notify the YMCA at least 5 days before my next draft.
- I pay the initial fee only once, unless my membership lapses for longer than 90 days.
- The YMCA does not provide accident insurance and that any and all injuries incurred are my responsibility to provide payment for.
- There is an inherent risk in all physical activities and that I assume such risk.
- Members and program participants may be photographed providing opportunities for YMCA promotions.

I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claim damages I may have against the Sheridan County YMCA or their respective agents, successors or assigns for any and all injuries which may be suffered by me in connection with the Sheridan County YMCA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date