



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

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 Sheridan County YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The Y 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 **Partnership With Youth Scholarship Program**, the Sheridan County YMCA provides assistance to youth, adults and families based on individual needs and circumstances. Scholarship applicants must meet income guidelines, be employed or receiving disability, and have a permanent address.

COMMITTED TO OUR COMMUNITY

The amount of assistance is determined in a fair and consistent manner. Every Y member receives the same membership benefits regardless of whether or not they receive a scholarship. Y members can feel confident knowing that they are a part of an organization that genuinely cares for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



- Please fill out the scholarship application and membership forms accurately and completely.
- We look forward to seeing you at the Y regularly. If unable to continue using the Y or paying membership fees, please let us know so that we are able to grant others the opportunity to participate.
- If your children are signed up for programs, please ensure they are here on time, and picked up after the program concludes.
- We look for appropriate behavior of all children when at the Y.



Sheridan County YMCA Income-Based Scholarship Application

In keeping with our mission, the Sheridan County YMCA offers financial assistance for memberships when a need exists. All individuals will be asked to pay based on income. Eligibility guidelines: must demonstrate real economic need; must meet the income guidelines; must have a permanent address.

APPLICANT INFORMATION

Name _____
Gender M F Birth Date _____
Mailing Address _____

City _____
State _____ ZIP Code _____
Home Phone () _____
Cell Phone () _____
Email _____
No. of People in Household _____

I AM APPLYING FOR ...

- Membership Scholarship
- Program Scholarship (e.g. sports, Live "Y"ers, camp, etc.)

What amount do you feel you would be able to contribute per month? _____

If applying for program scholarship, what % of fees would you be able to contribute? 75% 50%

TELL US MORE.....Use this space to include any additional information or extenuating circumstances that were not included on this application.

I want/need a Y Scholarship because:

FINANCIAL INFORMATION

(enter gross monthly income sources)

Applicant's Gross Income _____
Any Other Resident's Income _____
Unemployment Compensation _____
Social Security Income _____
Disability Income _____
Child Support Income _____
Miscellaneous Income _____
TOTAL Gross Household 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 agree, if necessary, to send additional documentation to support the above statements. I understand that scholarship assistance is based on need. **In the event that I or my family must cancel our participation, I will contact the Y immediately so the scholarship can be provided to others.** I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature _____

Date _____

OFFICE USE

Approved YES NO 3 mos 6 mos 1 year

Membership Type _____

Qualify for \$ _____ Member Pays \$ _____

Program Scholarship \$ _____ or _____ % off

Staff Initial _____ Date _____



Sheridan County YMCA Membership Information

APPLICANT INFORMATION

Name

Mailing Address

City

State

ZIP Code

Home Phone ()

Cell Phone ()

Email

Gender

M

F

Birth Date

Are you a Veteran?

Yes

No

Emergency Contact Phone () _____

Emergency Contact Name _____

AGREEMENT & RELEASE OF LIABILITY

I understand that:

- the Y's mission is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all.
- refunds on membership dues are seldom given.
- this membership is non-transferable.
- if I am on the automatic bank withdrawal plan and wish to make changes to the account or discontinue, I must notify the Y at least 5 business days before my next draft date.
- I pay the initial fee only once, unless my membership lapses for longer than 90 days.
- the Y does not provide accident insurance, and that it is my responsibility to provide payment for any and all injuries incurred.
- 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 Y 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

ADDITIONAL MEMBERS' INFORMATION

Name

Gender

M

F

Birth Date

Name

Gender

M

F

Birth Date

Name

Gender

M

F

Birth Date

Name

Gender

M

F

Birth Date

Name

Gender

M

F

Birth Date

Name

Gender

M

F

Birth Date

Name

Gender

M

F

Birth Date

OFFICE USE

Membership Type

Annual

Monthly

Draft

Expiration Date

Draft Date

1

15

Staff Initial

Date

NOTES