

YMCA OF CALHOUN COUNTY Scholarship Application

Apply for financial assistance in 5 easy steps!

1 APPLICANT INFORMATION

Name DOB

Spouse DOB

Mailing Address

City

State ZIP Code

Home Phone

Cell Phone

Email

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark ☒ for each family member applying for assistance.

☐ Parent/Guardian/Adult Name

☐ Parent/Guardian/Adult Name

☐ Child Name DOB

☐ Child Name DOB

☐ Child Name DOB

☐ Child Name DOB

☐ Child Name DOB

3 I AM APPLYING FOR

☒ Check category for which you are applying

MEMBERSHIP

ADULT (18-59)

FAMILY

SINGLE PARENT HOUSEHOLD

SENIOR ADULT (60+)

SENIOR FAMILY

STUDENT (14-22)

YOUTH (13 & under)

PROGRAM

AFTER SCHOOL ACADEMY

DAY CAMP

YOUTH SPORTS

SWIM LESSONS

OTHER:

4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

↓ **I FILED FEDERAL TAXES** ↓
FOR LAST YEAR

1040 Federal Tax Form(s)
for all incomes in household

☐ I am an individual filing jointly; I am
providing ONE 1040 form.

☐ We filed more than ONE tax form in
our household; We are providing
_____ 1040 forms.

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

OR

↓ **I DID NOT FILE FEDERAL TAXES** ↓
FOR LAST YEAR or
MY HOUSEHOLD INCOME HAS CHANGED
SINCE I FILED TAXES LAST YEAR

Documents showing most recent 30 days
of income (including pay stubs or
documentation of government assistance)

\$ _____
30 DAYS INCOME

x 12 MONTHS =

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

THIS APPLICATION MUST BE RENEWED EVERY 6 MONTHS

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 information and documentation to support the above statements. I understand that scholarship assistance is based on need. In the event that I or my child(ren) must cancel our participation, I will contact the YMCA immediately so 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.

5 _____
Signature of person completing this form

_____ Date

Attach all applicable financial documents and turn in to the YMCA Member Care Desk.

FOR OFFICE USE

APPROVED: YES NO

YMCA: _____% YOU: _____%

MONTHLY FEE: \$ _____ JOINING FEE: \$ _____

STAFF NAME: _____

DATE: _____

AWARD LETTER IS VALID FOR 30 DAYS.

Return financial documents to applicant, along with copy of this form.

TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I want/need a YMCA Scholarship because...

Date Received:

Staff:

YMCA OF CALHOUN COUNTY Membership Application

Applicant Name	Marital Status
Emergency Contact	Phone

AUTHORIZATION FOR AUTOMATIC BANK DRAFT

- A bank draft membership is a continuous membership, which automatically renews each month.
- All bank draft memberships will be drafted on the 1st or 15th of each month.
- A bank draft membership may be cancelled at anytime with a 30-day written notice of intent to cancel. The YMCA is not responsible for any drafts that are incurred during this 30-day period.
- There will be a \$35 service charge for any bank draft returned due to insufficient funds.
- If any bank draft is returned "account closed" or "stop payment," the YMCA will consider that membership cancelled.
- All scholarships will be reviewed every six months. Scholarship memberships must be used a minimum of twice per week in order to keep membership active.
- Annual membership due on anniversary date. A 30-day notice/invoice will be sent.

I have read and agree to abide by the above bank draft policy.

Signed _____ Date _____

Staff _____ Date _____

MEMBERSHIP TYPE

ADULT • Age 18-59 • \$46 Monthly Fee • \$25 Joining Fee

FAMILY • Any legally married couple under 60, plus any legal dependents up to age 22 • \$66 Monthly Fee • \$25 Joining Fee

SENIOR ADULT • Age 60+ • \$44 Monthly Fee • \$25 Joining Fee

SENIOR FAMILY Any legally married couple age 60+, plus any legal dependents up to age 22 • \$60 Monthly Fee • \$25 Joining Fee

SINGLE PARENT HOUSEHOLD • Single parent plus any legal dependents up to age 22 • \$57 Monthly Fee • \$25 Joining Fee

STUDENT • Age 14-22, enrolled full time in school
\$30 Monthly Fee • \$15 Joining Fee

YOUTH • Age 13 and under • \$15 Monthly Fee • No Joining Fee

LUNCH CRUNCH • Access to Y facilities from 11am-1pm,
Monday-Friday • \$30 Monthly Fee • \$25 Joining Fee

SilverSneakers® • SilverSneakers® card issued by health insurance company • Free to most (based on insurance) • No Joining Fee

DRAFT INFORMATION	Name of Payee:	Draft on <input type="radio"/> 1st <input type="radio"/> 15th
BANK NAME	CREDIT CARD Visa MC AmEx Discover	
Routing Number	Card Number	
Account Number	Exp. Date	Security Code
FOR OFFICE USE: Unit #	Prorated \$	Joining Fee \$
	Date	Staff

WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the state of Alabama and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

Participant Signature (If <18, parent or legal guardian must sign below)

Date

Parent/Legal Guardian Signature

Date