

MARSHALL YMCA – CONFIDENTIAL SCHOLARSHIP APPLICATION

Application Date _____

SCHOLARSHIPS ARE AWARDED IN ONE-YEAR INCREMENTS

STAFF USE ONLY:	
MEMBER UNIT#: _____	DATE APP RCVD: _____
STAFF TAKING APP: _____	SET UP BY: _____
APPROVED FOR: \$ _____	JOINING FEE: \$ _____
PROGRAM/CAMP APPROVAL %: _____	EXPIRATION DATE: _____

ARE YOU OR ANYONE LISTED ON THE APPLICATION A CURRENT MEMBER? YES NO

I AM APPLYING FOR: MEMBERSHIP PROGRAMS AFTER SCHOOL/SUMMER CAMPS
(check all that are applicable)

MEMBERSHIP TYPE: Family (couple & children) One Adult Family (1 adult & children under 18 in household)
CHECK ONE Adult (19+) Full Time College Student Youth (18 & under)

PRIMARY CONTACT:

First: _____ Last: _____
Date of Birth: _____ Male Female
Mailing Address: _____ City: _____ ST: _____ Zip: _____
Primary phone: _____ Email: _____
Emergency Contact: Name: _____ Phone#: _____

ADDITIONAL MEMBER INFORMATION: (ONLY NEEDS TO BE COMPLETED IF FAMILY MEMBERSHIP)

Spouse/Partner: First: _____ Last: _____
Phone#: _____ Date of Birth: _____ Male Female
Email: _____ Employer (Optional): _____

DEPENDENT INFORMATION:

NAME	GENDER	Date of Birth	RELATIONSHIP
	M / F		
	M / F		
	M / F		
	M / F		
	M / F		

<p>YMCA CODE OF CONDUCT: For Members, Guests and Program Participants *All persons involved with the YMCA are expected to model our core values of Caring, Honesty, Respect and Responsibility. FOR DETAILS REGARDING BEHAVIOR EXPECTATIONS, PLEASE SEE MEMBER SERVICES. *Violation of the Code of Conduct may result in the suspension or termination of YMCA privileges.</p>	<p>Initialing verifies you understand and agree to conduct codes.</p> <p>INITIALS:</p>
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<p>YMCA MEMBERSHIP CANCELLATION POLICY</p> <p>If you wish to cancel your membership, you must submit your request by the following deadline:</p> <p>CANCELLATIONS RECEIVED BY THE 25TH WILL TERMINATE THE LAST DAY OF THAT MONTH</p> <p>CANCELLATIONS RECEIVED <u>AFTER</u> THE 25TH WILL TERMINATE THE LAST DAY OF THE *FOLLOWING* MONTH</p>	<p>Initialing verifies you understand and agree to terms.</p> <p>INITIALS:</p>
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HOUSEHOLD INCOME (Required to process the application):

Monthly Income from all adult household wages:

HOUSEHOLD INCOME: \$ _____

OTHER INCOME: public assistance, child support, food stamps, social security, disability, rent assistance, etc. \$ _____

Submit your completed application along with the following:

___ Copy of most recent tax return for all adults in household

___ Copies of all other supporting documents (social security income, disability income, child support, unemployment, food stamps)

Membership Fee I can afford to pay per month: \$ _____ **MAXIMUM SCHOLARSHIP: 50% OFF REGULAR MEMBERSHIP RATES**

CERTIFICATION OF NEED: Our financial assistance program is made possible by volunteers who reach out to the community and raise money for our Annual Campaign. Please explain why you would like to be considered for financial assistance at the YMCA or any circumstances you would like us to take into consideration: _____

PAYMENT OPTIONS:

Marshall Area YMCA memberships may be paid with any of the options listed below. **Please check one:**

Automatic monthly draft; of a bank checking or savings account or automatic monthly draft of a credit card. You pay the first (prorated) month when joining and start your draft the following month. Your membership will continue until you notify us that you wish to stop the bank draft. See termination policy at the bottom for details.

SEMI-ANNUAL **ANNUAL** *ANNUAL & SEMI-ANNUAL MEMBERSHIP DUES ARE NON-REFUNDABLE

Payment Type: Automatic Payment Bank Draft Credit/Debit Card (auto payment) **Draft Date:** 1st 15th

Checking Account Information: Name of Financial Institution: _____
9-digit routing number: _____ Account number: _____

-OR- (NOT necessary to enter both Bank Draft information AND credit card information)

Credit/Debit Card Information: MasterCard Visa Discover Card
Cardholder's Name: _____ Card number: _____ Exp. Date: _____

WAIVER OF RESPONSIBILITY

In consideration of gaining membership or being allowed to participate in the activities and programs of the Marshall Area YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or other, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA. I authorize the YMCA to take, copyright, use, and publish photos for purposes of art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission. I agree that the photograph becomes the exclusive property of the Marshall Area YMCA. (All members 18 years and older must sign the waiver) **I certify that the above information is true and complete to the best of my knowledge. I understand that membership privileges and all YMCA policies are the same as full memberships.**

Signature

Date