



STAFF USE ONLY

Member Unit#: _____ Verified By: _____
Date Application Received: _____ Approved for: \$ _____
Staff Taking Application: _____ Joining Fee: \$ _____
Set Up Completed By: _____ Program/Camp Approval %: _____
Expiration Date: _____

MARSHALL AREA YMCA
CONFIDENTIAL SCHOLARSHIP APPLICATION

Application Date _____ Are you or anyone listed on the application a current member? [] Yes [] No

SCHOLARSHIPS ARE AWARDED IN ONE-YEAR INCREMENTS. FORMS MUST BE COMPLETED IN FULL FOR CONSIDERATION

I AM APPLYING FOR: (Check all that apply)
[] Membership [] Programs
[] After School/Summer Camps

MEMBERSHIP TYPE: (Check one)
[] Family: Two adults + children [] Full Time College: Proof of enrollment required
[] One-Adult Family: One adult + children [] Adult: Ages 19+ [] Youth: Ages 18 & under

PRIMARY CONTACT [] Male [] Female
First: _____ Last: _____ Date of Birth: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Primary Phone #: _____ Email: _____
Employer (Optional): _____

EMERGENCY CONTACT
Name: _____ Phone #: _____

ADDITIONAL MEMBER INFORMATION (Completion only needed if family membership type):

SPOUSE/PARTNER INFORMATION [] Male [] Female
First: _____ Last: _____ Date of Birth: _____
Phone #: _____ Email: _____
Employer (Optional): _____

DEPENDENT INFORMATION

Table with 4 columns: NAME, GENDER, DATE OF BIRTH, RELATIONSHIP. Includes rows for M/F gender options.

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. \$ _____

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: _____

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**

PAYMENT OPTIONS

Marshall Area YMCA memberships may be paid with any of the options listed below.

- AUTOMATIC MONTHLY DRAFT;** of a bank checking or savings account or automatic monthly draft of a credit card. You pay the first (prorated) month and joining fee 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-ANNUALLY** with the first (prorated) month and the first full six months paid at joining and invoices mailed for future 6 month increments. If you do not pay future invoices, your membership will automatically terminate. **Membership dues are nonrefundable.**
- ANNUALLY** with the first (prorated) month and the first full twelve months paid at joining and invoices mailed for future years. If you do not pay future invoices, your membership will automatically terminate. If the YMCA increases membership dues, we will give you advanced notice and you will pay the new rate with your next invoice. **Membership dues are nonrefundable.**

PAYMENT TYPE:

- Automatic Payment Bank Draft Credit/Debit Card (Automatic payment)

DRAFT DATE: 1st 15th

CHECKING ACCOUNT INFORMATION:

MUST HAVE A VOIDED CHECK ATTACHED IF CHOOSING BANK DRAFT OPTION

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

Cardholder's Name: _____

Card number: _____

Exp. Date: _____

I hereby authorize the Marshall Area YMCA to draw funds from my bank account/credit card. I understand that I am liable for these dues and any fees associated with insufficient funds. Funds will be drawn on either the 1st or the 15th of the month. The plan automatically renews unless the YMCA receives written cancellation notice. I understand that the Marshall Area YMCA reserves the right to collect any amount due via EFT, check, or debit or credit card, plus a \$30 return fee if ANY payment is returned to the YMCA by your bank or credit card.

*Note: There are no refunds for prepaid memberships

INITIALS

Initialing verifies you understand and agree to terms.

YMCA MEMBERSHIP CANCELLATION POLICY

If you wish to cancel your membership and are paying by automatic draft (monthly, semi-annual, or annual), the Membership Termination form request **MUST** be submitted and signed in person.

CANCELLATIONS RECEIVED BY THE 25TH WILL TERMINATE THE LAST DAY OF THAT MONTH

CANCELLATIONS RECEIVED AFTER THE 25TH WILL TERMINATE THE LAST DAY OF THE *FOLLOWING* MONTH

INITIALS

Initialing verifies you understand and agree to terms.

WAIVER OF RESPONSIBILITY:

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law. 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). **The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.**

Signed _____ Date _____