



Richard G. Snyder YMCA Campus
Y For All Scholarship Application

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PRIMARY APPLICANT INFORMATION

Name	DOB	M/F	Ethnicity	Mobile Phone
Address	City	State	Zip Code	Home Phone

EMERGENCY CONTACT INFORMATION

Name	Home Phone
Mobile Phone	Relationship

ALL PERSONS LIVING IN THE HOUSEHOLD

The Y defines a family as all persons within the household documented on Federal and State income tax files.

Adult Applicant	DOB	M/F
Second Adult	DOB	M/F
Child Name	DOB	M/F
Child Name	DOB	M/F
Child Name	DOB	M/F
Child Name	DOB	M/F
Child Name	DOB	M/F
Child Name	DOB	M/F

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 in this application. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarship assistance is based on documented needs and funds available. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship 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



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Primary Applicant Name: _____

Date: _____

INCOME VERIFICATION:

To properly evaluate each Y For All Scholarship application, authorized staff must review and record the applicant's current financial situation. Staff must list the total dollar amounts of all applicable income types (record gross income) and sign to verify that supporting documentation for each source of income listed was provided. Please also verify supporting proof for all included dependents.

This information and supporting documentation is required for the application to be processed.

ADJUSTED GROSS INCOME	ADULT 1	ADULT 2	STAFF VERIFICATION
DISABILITY	ADULT 1	ADULT 2	STAFF VERIFICATION
UNEMPLOYMENT	ADULT 1	ADULT 2	STAFF VERIFICATION
ALIMONY	ADULT 1	ADULT 2	STAFF VERIFICATION
PENSION/RETIREMENT	ADULT 1	ADULT 2	STAFF VERIFICATION
CHILD SUPPORT	ADULT 1	ADULT 2	STAFF VERIFICATION
SOCIAL SECURITY	ADULT 1	ADULT 2	STAFF VERIFICATION
TOTAL COMBINED GROSS INCOME	ADULT 1	ADULT 2	STAFF VERIFICATION

I AM APPLYING FOR:

	ADULT
	ADULT SPECIAL NEEDS
	HOUSEHOLD
	SINGLE HOUSEHOLD
	SENIOR CITIZEN SINGLE
	2 SENIOR CITIZENS
	YOUTH
	YOUTH SPECIAL NEEDS
	SWIM LESSONS
	*Gifted by the Aiden Rupp Foundation
	DAY CAMP ASSISTANCE



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TERMS AND CONDITIONS

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.

I agree to abide by the rules and regulations of the YMCA, which are designed for the enjoyment of all its members. The protection of members and guests who are utilizing the YMCA is a paramount concern to the YMCA. We reserve the right to deny access of membership to any person(s) whose behavior is determined to be in conflict with the welfare and safety of other members and/or staff. This includes any person(s) who is registered as a sex offender; has plead guilty to or been convicted of any crime involving sexual abuse; or a crime against persons such as a child, spousal or parental abuse. It will also include any offense related to the sale or transportation of illegal, habit-forming or dangerous drugs; is presently clearly under the influence of intoxicating beverages or behavior modifying drugs. This code of conduct does not permit language or any other action that can hurt or frighten another person or that falls below a generally accepted standard of conduct. This includes inappropriate attire, angry or vulgar language, physical contact with another person in a threatening way, any demonstration of sexual contact or activity, harassment or intimidation by words, gestures body language, or any other manacning behavior, theft or behavior resulting in destruction of property. Parents are held responsible for the behavior of their children.

INFORMED CONSENT/LIABILITY WAIVER AGREEMENT

I/We, the undersigned, realize that there may be medical risks associated with physical exercise, the use of this facility, or use of the equipment within the facility. I/We also recognize that the YMCA cannot evaluate my/our physical abilities and medical limitations as they pertain to participation in programs, to use the facility, or use of equipment within the facility. I/We therefore assume all responsibility for having a thorough medical examination performed by a medical practitioner of my/our choice before participating in any programs and prior to use of the facility or equipment within the facility.

Signature

Date

RGSYMCA OFFICE USE ONLY:

I have reviewed and verified supporting documentation as indicated
above.

FINANCIAL ASSISTANCE COORDINATOR

DATE

SUPERVISOR/BRANCH CEO

DATE