



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OPEN DOOR

Financial Assistance Application

Youth, Families, Adults, Seniors

STRENGTHENING OUR COMMUNITY

Through the generosity of our donors, the Y works to strengthen our community by providing access to program, facilities and services that connect, heal, nourish and encourage. We are happy to offer financial assistance so that everyone can participate in our programs and services regardless of their ability to pay.

Scholarship applicants must meet income guidelines and have a permanent address.

- Please fill out the financial assistance application and membership forms accurately and completely.
- Return completed form to the Y Front Desk. It will be reviewed within 24–48 hours. You will receive a letter after your application is reviewed or you may call two days after submission to check on status
- Financial assistance does not automatically renew. Upon the expiration of this membership you must reapply by filling out a new Open Door application.





Sheridan County YMCA Membership Information

APPLICANT INFORMATION

Name

Mailing Address

City

State ZIP Code

Home Phone ()

Cell Phone ()

Email

Gender M F N Birth Date

Are you a Veteran? ☐ Yes ☐ No

Emergency Contact Phone ()

ADDITIONAL MEMBERS' INFORMATION

Name

Gender M F N Birth Date

Name

Gender M F N Birth Date

Name

Gender M F N Birth Date

Name

Gender M F N Birth Date

Name

Gender M F N Birth Date

Name

Gender M F N Birth Date

Name

Gender M F N Birth Date

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

OFFICE USE

Membership Type

Annual Monthly Draft

Expiration Date

Draft Date 1 15

Staff Initial Date

NOTES



Sheridan County YMCA

Financial Assistance 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, and adults actively seeking employment.

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 _____

Number of people in household _____

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

TELL US MORE.....Use this space to include any additional information or extenuating circumstances that were not included on this application. This may include medical expenses, school loans, job changes, etc.

I want/need financial assistance because:

FINANCIAL INFORMATION

(enter gross Monthly income sources)

Applicant's Gross Monthly 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 to send additional documentation to support the above statements if needed.

I will contact the Y immediately in the event that I must cancel our membership .

Cancellation of this membership must be made or ongoing billing will occur and accumulate with the expectation of this balance being paid.

Non-payment of monthly scholarship fee may affect future assistance.

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 _____