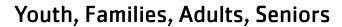






OPEN DOOR

Financial Assistance Application





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. At the time
 of review, if you qualify, you will receive an email and a note will be placed on your membership
 page showing what assistance you will receive. To activate you must come in within 3 months
 of review. If you do not come in and activate your membership the Financial assistance will be
 voided and you will be required to fill out a new form
- We strongly encourage you to set up automatic payment, either through a credit card or check for your membership fees. This makes it much more efficient in our system.
- If you become 2 months delinquent of membership fees you may be cancelled.
- Financial assistance does not automatically renew. Upon the expiration of this membership you must reapply by filling out a new Open Door application.











expenses, school loans, job changes, etc.

I want/need financial assistance because:

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)	(enter gross Monthly incon	
Name		Applicant's Gross Month	ly Income
Mailing Address		Any Other Resident's Inc	ome
		Unemployment Compens	sation
City		Social Security Income_	
State	Zip Code	Disability Income	
Home Phone ()		Child Support Income	
Cell Phone ()		Miscellaneous Income	
Cell Phone ()		TOTAL Gross Household	Income
Gender M F Birth Date Are you a veteran? Yes No Emergency Contact Phone Emergency Contact Name		complete to the best of not have additional in I agree to send additional the above statements I will contact the Y in I must cancel our men	mmediately in the event that mbership . nembership must be made or
Number of people in household	—— <i>)</i>		occur and accumulate with is balance being paid.
		-	ue membership fees could of your membership.
What amount do you feel you would be contribute per month?		Non-payment of mo affect future assistan	onthly scholarship fee may ace.
TELL US MOREUse this space to information or extenuating circumstincluded on this application. This	tances that were not	Signature	Date

OFFICE USE	Ē						
Approved	YES	NO	3 mos	6 mos	1 year		
Membership	Type ₋					_	
Qualify for \$			_Member	Pays \$_			_
Program Sch	olarsi	hip \$_		or		% off	
Staff Initial_			Dat	:e			
							_



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 ()
Emergency Contact:

AGREEMENT	ે &	RELE	EASE	OF	LIABIL	.ITY
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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

ADDITIONAL MEMBERS' INFORMATION Name							
Gender	М	F	N	Birth Date			
Name							
Gender	М	F	N	Birth Date			
Name							
Gender	М	F	N	Birth Date			
Name							
Gender	М	F	N	Birth Date			
Name							
Gender	М	F	N	Birth Date			
Name							
Gender	М	F	N	Birth Date			
Name							
Gender	М	F	N	Birth Date			

OFFICE USE							
Membership	Membership Type						
Annual	Monthly		Draft				
Expiration Da	te						
Draft Date	1	15					
Staff Initial		Date					
NOTES							