



FINANCIAL SCHOLARSHIP INSTRUCTIONS & INFORMATION

Overview:

The Lancaster Family YMCA awards financial scholarship through Membership and Program sponsorships to individuals and families who can document their need. Funding to support this program is made possible by the membership dues and donations of YMCA members and benefactors. Available financial resources of the YMCA are allocated as called for by YMCA policy.

Financial Scholarship Approval Process:

1. Complete the **Financial Scholarship Form**. Be sure to include a response for **every item** requested.
2. Complete the **Membership Unit Form** and must sign the back of the form.
3. Obtain copies of the following documents. Note that these documents will not be returned:
 - a. **Most recent 1040 tax return** for all adults on membership. (We require the first two pages. This must be a typed copy of the original filed with the IRS. To obtain a free, typed copy of your return, you may contact the IRS at 1-800-829-1040.) **THIS DOCUMENT MUST BE PROVIDED!** If income has changed, must provide 2 consecutive current paystubs.
 - b. **Birth certificates** for any dependents to be added to a Family Membership who are not claimed as dependents on your 1040 tax return.
 - c. **Most recent award letters** for all government assistance and other income. This includes SSI, unemployment, child support, section 8 housing, disability, food stamps, cash assistance and any other financial benefits.
 - d. **Letter of enrollment in an educational institution** for any dependents between the ages of 19 and 25 (if they are to be included on a Family Membership).
4. Return the above documents to the YMCA for consideration. **Please note that you will not be permitted to use the facility until your Financial Scholarship has been approved.** Process may take up to 2 weeks. You will receive a phone call regarding the status of your application.
5. Financial Scholarship expires after **12 months**. Be sure to complete the above process **4 weeks** prior to the end of your assistance period.

Note: *The YMCA reserves the right to request any documentation to support your application*

Did you include each of the following in your application?

Financial Scholarship Form	Yes <input type="checkbox"/>	Birth Certificates for Dependents*	Yes <input type="checkbox"/>
Membership Unit Form	Yes <input type="checkbox"/>	Award Letters for All Benefits*	Yes <input type="checkbox"/>
1040 Tax Return	Yes <input type="checkbox"/>	Educational Enrollment Letters*	Yes <input type="checkbox"/>
* If applicable. Please see above details.			



YMCA Financial Scholarship Form

Financial scholarship is made possible through the YMCA's Annual Campaign

Lancaster Family YMCA
265 Harrisburg Pike
Lancaster, PA 17603
ATTN: Membership Office

CONFIDENTIAL

Please Complete All Information

Information not completed may delay financial aid approval.

Type of assistance you are requesting:

Membership: Adult Family Teen Youth

Program Name: _____ Session: _____

Applicant's Name _____ DOB _____

Address _____ E-mail _____

City _____ State _____ Zip Code _____ Phone _____

Employment:

Your Employer _____
Address _____
Phone _____

Spouse's Name _____ DOB _____
Spouse's Employer _____
Address _____
Phone _____

Is anyone else in your household employed? Yes No

If yes, please explain: _____

Dependent Children Living in Household:

Name	Age	DOB	Name	Age	DOB
1) _____			4) _____		
2) _____			5) _____		
3) _____			6) _____		

Monthly Household Income:

1040 Wages: \$ _____
 SSI: \$ _____
 AFDC: \$ _____
 Unemployment: \$ _____
 Disability: \$ _____
 Welfare: \$ _____
 Housing (Sect. 8) \$ _____
 Food Stamps \$ _____
 Workman's Comp: \$ _____
 Child Support Income: \$ _____
 Other Income: \$ _____
Total Monthly Income: \$ _____

MUST attach proof of current income.

Please attach a copy of your latest income tax return to verify income. If no tax return, you MUST attach proof of current income.

Have you ever received financial assistance in the past from the YMCA? Yes No
If so, for what program? _____

Explain why you would like to be considered for financial assistance for this YMCA program. Please include special circumstances or extraordinary family expenses (such as medical, child support, alimony, loans, education, etc.)

Would you be willing to volunteer your time to do some work for the YMCA? Yes No
Special Skills: _____ Hours per week available? _____

The statements and responses I have given are true and correct. I understand that the YMCA reserves the right to verify all information that has been reported and to deny assistance if inaccurate information is reported. If approved for financial assistance, I agree to fulfill my payment obligation on a timely basis. I agree to notify the YMCA immediately should I experience a change in income status. I understand that all documentation I submit to the YMCA will not be returned and that I must reapply for financial aid twelve months after my membership is approved.

Signature of Applicant

Date

Please Print Name

For Official YMCA Use Only

Type of Member/Program: _____

Comments:

Membership/Program Fee: \$ _____

Scholarship Amount: \$ _____

Amount Paid by Applicant: \$ _____

Percent Discounted: _____

Investment Fee Amount: \$ _____

Approved: Yes No

Authorized YMCA Signature

Date



MEMBERSHIP APPLICATION

Membership Type: Adult Family Youth Teen College Student

Payment Option: Annual Monthly Draft on 1st 15th

*We offer Financial Scholarships. Applications are available at the Welcome Desk.

Monthly Membership Add-Ons: Towel Locker Total Amount (Annual or Monthly): \$ _____

*The YMCA Reserves the right to increase rates with notice by mail.

Primary Member: (if Youth/Teen Member enter parent/guardian)

First Name: _____ Last: _____ Gender: Male Female

Birth date: ____/____/____ Marital Status: Married Single Other

Home Address: _____ City _____ State _____ Zip Code _____

Primary Phone: _____ **E-Mail Required:** _____

Family Unit including dependants (ages 19-25 must be claimed on tax return for family membership privileges)

2nd Adult _____ Last Name _____ DOB _____

Dependant _____ Last Name _____ DOB _____

Dependant _____ Last Name _____ DOB _____

Dependant _____ Last Name _____ DOB _____

Dependant _____ Last Name _____ DOB _____

EMPLOYER: _____

EMERGENCY CONTACT First Name _____ Last Name _____

Emergency Phone: _____ Relation to Primary? _____

Are you interested in volunteering? Yes, please complete our Volunteer Application No

**Lancaster Family YMCA
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

_____ Date _____ Printed Name _____ Signature _____

I HAVE READ THIS RELEASE

parent/guardian if participant is a minor

_____ Date _____ Parent/Guardian Printed Name _____ Parent/Guardian Signature _____

Lancaster Family YMCA Member Code of Conduct (Revised: June 2014)

The YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, all individuals are asked to act appropriately at all times when in our facility or participating in our programs. The YMCA has adopted a Member Code of Conduct regarding the conduct of our members; this policy applies to all members and guests.

The YMCA has the right to suspend/cancel membership at any time for violation of the Member Code of Conduct.

Any person who supports the Lancaster Family Y mission and purpose may become a member of the organization and is expected to conduct themselves in accordance with the Member Code of Conduct as may be established by the board of directors. Any time that a member fails to live up to the standards and commitments of being a Y member, the board of directors or its authorized agent may, in its sole discretion, deny access or membership to that member.

We expect persons using the YMCA to act maturely, to behave responsibly, and to respect the rights and dignity of others. Our Member's Code of Conduct outlines prohibited actions, but the actions listed below are not an all-inclusive list of behaviors considered inappropriate in our facilities or programs.

- Using, possessing or being under the influence of alcohol or illegal chemicals on YMCA property, in YMCA vehicles, or at YMCA-sponsored programs
- Tobacco use - the YMCA and its property is a tobacco-free environment
- Carrying or concealing a weapon or any device or object that may be used as a weapon without prior authorization from the YMCA
- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior
- Physical contact with another person in an angry, aggressive, threatening or violent way
- Verbally abusive behavior, including angry or vulgar language, swearing, name-calling, or shouting
- Sexually explicit or offensive conversation or behavior; any sexual contact with another person
- Inappropriate, immodest, or sexually revealing attire
- Theft or behavior that results in the destruction or loss of property
- Loitering within or on the grounds of the YMCA

In addition, the YMCA reserves the right to deny access or membership to any person who has been charged with or convicted of any crime involving sexual abuse, is or has been a registered sex offender, or is presently or habitually under the influence of dangerous drugs or chemicals, narcotics, intoxicating beverages or behavior-modifying drugs on YMCA property, in YMCA vehicles, or at YMCA-sponsored programs.

Members and guests are encouraged to take responsibility for their personal comfort and safety by asking any person whose behavior threatens their comfort to refrain from such behavior. Anyone who feels uncomfortable in confronting a person directly should report the behavior to a staff person or the Building Supervisor on duty.

YMCA staff members are eager to be of assistance. Members and guests should not hesitate to notify a staff member if assistance is needed.

In order to be able to carry out these policies, we ask that members and guests identify themselves upon entering the building by using a key card to swipe in or showing photo identification at the Welcome Desk.

The YMCA will take appropriate steps to investigate all reported incidents. The protection of members and guests who are participating in programs or are using YMCA facilities is of paramount concern to the staff of the Lancaster Family YMCA.

Membership Fees and Transaction Policies:

- The YMCA reserves the right to increase rates to memberships or programs with 30 days notice.
- The YMCA requires 30 days written notice for cancellation. Cancellations must be done in person.
- Members may put their membership on hold up to three months during the year. For your convenience, holds are automatically terminated at the end of the third month and will result in monthly fees and facility usage being automatically reinstated.
- All non-sufficient fund transactions, late payments and return checks will be subjected to a \$30 non-refundable fee.
- In order to sign out equipment, such as basketballs, a member keycard or driver's license must be given as collateral.

Guest Pass Policy:

- Guest may only be signed in twice.
- After their second visit accompanied by a member, they must either purchase a \$6 day pass or sign up for Membership.
- All guests must present photo ID which is to be copied and stapled to their guest pass form (NO EXCEPTIONS).
- Members 12 and over may bring a guest 12 years of age or older. Guests under the age of 12 must be accompanied by an adult 18 or older. This adult may be a guest or a Y member.

Pool Rules:

- All swimmers must shower before entering the pool and obey lifeguards at all times; no running, pushing, dunking or horseplay. No profanity.
- No gum, food, smoking or glass containers in locker rooms/pool area
- Any open wound must be properly bandaged, with lifeguard approval
- Swim equipment for instruction, swim team, and lap swimmers only. NO YMCA equipment may be used during family swim times.
- Circle swim etiquette will be used when there are more than two swimmers in a lane
- Proper bathing attire must be worn at all times. No t-shirts, cut offs or gym shorts. Infants must have water proof diapers.
- Flotation devices must be type 2 Coast Guard approved. No swimmies. Pool toys must be approved by the lifeguard.
- No diving in the pool unless under the supervision of a coach or instructor. Starting blocks are to be used only under the supervision of a coach.
- Lap lanes are reserved for those who are swimming laps or aqua jogging.
- Anyone 12 years of age or younger is required to take the swim test to swim in the deep end.
- Parents/guardians are required to be in the water within arm's length with any child 12 or under that has not successfully passed the swim test. For children 12 or under that have passed the swim test successfully, parents or guardians must remain in the pool area.
- Children who have not passed the swim test are allowed to go with their parent/guardian only as deep as that parent/guardian can stand.

By signing this document below, I _____ have fully read and understand that the Lancaster Family YMCA or its authorized assignee(s) will review sex offenders lists and/or reserves the right to do background checks on its members and potential members as part of the membership process or at any time during the duration of my membership. I understand that continued membership at the YMCA is contingent upon receiving results from these checks. I understand that the Lancaster Family YMCA or its assignee(s) will use the information in my application to conduct an investigation of my background.

- I consent to allow my child(ren) access to the facility without my supervision between the ages of 12 and above (IF APPLICABLE).
- I give consent for photos/videotapes of myself/my children involved in YMCA activities/programs to be used for promotional purposes.
- I consent to the above rules, processes & checks and will comply with all rules and regulations the Lancaster Family YMCA considers appropriate to be a member or participate in a program. If I do not follow the above rules, processes & checks I will be subject to possible suspension and/or revocation of my membership at the discretion of the Lancaster Family YMCA.

Member Print Name: _____ Member Signature: _____ Date: _____

Parent/Guardian Signature (if member is a minor): _____ Date: _____

For YMCA Use Only: Y Staff Name: _____ Y Staff Signature: _____ Date: _____