ST. CLOUD AREA FAMILY YMCA FINANCIAL ASSISTANCE APPLICATION

Thank you for your interest in St. Cloud Area Family YMCA Financial Assistance. SCYMCA Financial Assistance is a sliding scale, needs-based scholarship fund made available through our **Annual Y-Partners Campaign**, by individual and business contributions. Financial assistance can provide you with a reduced rate membership or program scholarship discounts, weather you are applying as an individual or a family. **Keep this cover page for your records**

Application Process (please read carefully):

Complete this application in its entirety. <u>Applications not entirely filled out may be automatically denied</u>. If there are any missing documents, an attempt to contact will be made and the applicant will be responsible for supplying the missing documentation, failure to provide required documents will result in denial of application.

To apply for financial assistance, please bring all the following information to the SCYMCA Membership Front desk, or email it to scholarships@scymca.org:

- 1. Decide on what type of scholarship you would like to apply for:
 - a. **Youth Membership**: 17 or younger, or still in high school under 19
 - b. Adult Membership: Out of high school or 18-61 years of age
 - c. **Family Membership**: Households with one/two adults (married or domestic partners) and tax dependents 24 years or younger, 5 members
 - d. Large Family Membership: Family units with 6 or more members, \$5 more per month

- e. Senior Membership: 62 years of age or older
- f. Senior Couple Membership: Two people (w/one person at least 62+) living together on a year-round basis and consider themselves to be a couple
- g. **Program**: Youth Sports, V6 Swim Lessons, GATORS Swim Team, Masters Swim, Summer Day Camp, School Out Day Camp, Tae Kwon Do
- h. Private Supervised Visits
- 2. Completed financial assistance/Membership application for all members of your household.
- 3. All applicants provide a copy of their tax return to verify dependents (Please black out Social Security numbers)
- 4. Provide documentation or proof of earned and unearned income the household receives:
 - a. If you are employed: Please provide three (3) most recent paycheck stubs for all adults.
 - b. If you are unemployed: Please provide a summary of your unemployment benefits, SSI award letter, State of MN County cash or food benefit awards letters, Child Support received.
 - c. If you are self-employed: Please provide a copy of your most recently filed tax return form 1040 and Schedule C (Please black out Social Security numbers)
- 5. Submit signed application and income documents to the YMCA for approval
- 6. Once approved, you have 30 days to activate your membership with the SCYMCA staff.

Important YMCA Policies:

Open Membership/Accommodations

The St. Cloud Area Family YMCA is open to all people regardless of race, creed, sex, sexual orientation, religion, national origin, marital status, veteran status, age r disability. Anyone needing special Accommodations to participate at the YMCA should submit a written request to the Membership Director. Allow plenty of time for the YMCA to supply necessary services; two weeks are usually needed to respond to requests.

Use of Facility by Children

Children 10 years and older can use the facilities without parental supervision in the pools, gym, and general **downstairs areas**. All children under the age of 10 must be accompanied by a parent or legal guardian (age 18 & up), unless in an organized, supervised program such as youth sports, martial arts, or swim lessons. Children ages 10-15 wishing to use the Cardio/Fitness Center (upstairs) must be accompanied by a parent or legal guardian and must also have completed an equipment orientation with Y staff, younger children may not use this part of the facility at any time. **Use of Pools by Children**

For your child's safety, children age 8 and under must be accompanied by a parent/adult (18 and up) when using a YMCA swimming pool unless in an organized supervised program such as swim lessons. Children under the age of 8 must always be in armsreach of said parent/adult while in the water. The ratio of children under 8 to adults should not exceed 3:1 in non-program activities. <u>Maintenance Closings</u>

To accomplish revitalization tasks such as painting, refinishing floors, cleaning, and equipment maintenance, parts of the YMCA will periodically close. Dates and times of the closings will be posted.

<u>Attire</u>

The YMCA is a family-friendly facility; please dress appropriately. Athletic shoes must be worn on wood floors. Proper swimsuits must be work in pool areas. Open-toes shoes and jeans are prohibited in the fitness centers.

Lost & Found

The St. Cloud Area Family YMCA is not responsible for lost or stolen items. Lost and found items are kept for <u>one week</u>. Inquire about lost items must be made in person; items not claimed after one week will be donated to a local charity.

Bad Weather

The YMCA's goal is to avoid canceling any of your programs or classes due to severe weather. We follow St. Cloud school districts severe weather decisions for programs. During severe weather warnings, membership will be directed/assisted to a safe place in the building by staff.

Expected Behavior

The YMCA is an inclusive, family-friendly organization. We expect all our members and quests to model our four values: **caring, honesty, respect, responsibility**, in their conduct and language. The YMCA reserves the right to suspend or cancel a membership at our discretion is actions or behaviors are not deemed in the best interest of the organization.

Refund Policy

We do not offer refunds for memberships, programs, locker/towel rental, or personal training. If you think we have withdrawn from your account in error, you must notify us within 90 days. The YMCA is not responsible for disputed charges over 90 days old.



Membership Waiver: By participating in the YMCA National 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, including without limitation, the St. Cloud Area Family YMCA, Collectively, the YMCA from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, services provided by or through YMCA facilitation or the YMCA and from any liability for other claims, including loss of property, to the fullest extent of the law.

Photo and Video/Audio Recording Release: I hereby give my permission and consent, now and for all time, to the St. Cloud Area Family YMCA, the National Council of Young Men's Christian Associations of the United States of America(YMCA of the USA) and third parties collaborating with the St. Cloud Area Family YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, soundtrack, recordings and photo reproductions of myself, my dependents and/or my narrative account of my experience at St. Cloud Area Family YMCA, for publications, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may or may not be identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial service. I further agree to the following:

- Any video film, footage, soundtrack recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account of my experience within said activities.
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to and shall be entitled to the unrestricted use of • any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.
- I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connections with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Sex Offender/Violent Offender Notice: The YMCA conducts regular sex offender screenings on all memberships, participants, and guests through various public databases. If a sex offender match occurs at any time, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. I understand that it is the YMCA's policy to deny access to those who are listed as sex offenders. I understand that myself and my dependents will be screened through RAPTOR, or similar sex offender screening products and public databases from time to time, before and during my membership. If a sex offender match occurs, the YMCA reserves the right to cancel the membership, end program participation and remove visitation access. In addition, the YMCA reserves the right to deny access or membership to any person who has been convicted of any crime involving weapons, violence, sexual abuse, or the sale, possession and/or transportation of illegal drugs.

Refund Policy: Refunds will not be given for membership paid in advance. Program refund policies vary by program and need to be approved by the director in charge of the program in guestion.

Kid Zone Policy: Myself and my dependents will follow and abide by the posted and available Kid Zone Rules. I understand that there are fees associated with the use of Kid Zone services and a 2 hour per daytime limit. While children are checked into Kid Zone, their adult(s) must remain in the building. Membership Discount Policy:

It is the policy of the YMCA to allow for one in-house discount to be applied to Membership Dues.

Code of Conduct:

The St. Cloud Area Family YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, we always ask individuals to act appropriately when they are in our facility or participating in our programs.

We expect persons using the YMCA to behave in a mature and responsible way and to respect the rights and dignity of others. Our Code of Conduct does not permit language or any action that can hurt or frighten another person or that falls below a generally accepted standard of conduct. Specifically, this includes:

- Appropriate attire must always be worn for the activity. Offensive wording on shirts or accessories fall under this area.
- Angry or vulgar language including swearing, name-calling or shouting. •
- Physical contact with another person in any angry or threatening way
- Any demonstration of sexual contact or activity.
- Harassment or intimidation by words, gestures, body language or any other menacing behavior.
- Theft or behavior which results in the destruction of property.
- Carrying or concealing any weapons, devices or objects which may be used as weapons.
- Using or possessing illegal chemicals or alcohol in or on YMCA property or at YMCA sponsored programs
- Any other conduct of an inappropriate, threatening, or offensive nature i.e., interrupting fitness classes or other structured workouts by non-participants.
- Loitering is not permitted in or outside of the YMCA.

The YMCA and its property are smoke-free environments. Smoking is not permitted on the YMCA property. Members and guests are encouraged to be responsible for their personal comfort and safety and ask any person whose behavior threatens their comfort to refrain. If a member or guest feels uncomfortable in confronting the person directly, he or she should report the behavior to a staff person.

Members and guests should not hesitate to notify a staff person if assistance is needed.

All reported incidents will be reviewed by Executive Management. The decision to suspend or terminate YMCA membership privileges will be made at the discretion of Executive Management if a violation of the Code of Conduct has occurred.

NSF/Termination Policy:

- This is a continuous membership plan. I understand that I must give the YMCA a written notice by the 15th, one month prior to when a change or termination is to become effective.
- If I think the YMCA made a withdrawal in error, I must notify the YMCA within 90 days. The YMCA is not responsible for disputed transactions over 90 days old.
- Should any membership draft not be honored by my financial institution for any reason, I realize that I am still responsible for that payment plus a \$20 service charge applied by the YMCA. This is in addition to any service fees my financial institution may charge.
- I understand that unpaid balances can result in termination of membership.
- The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least four weeks' notice prior to any such change.
- The YMCA reserves the right to resubmit for payment balances returned as unpaid

TO BE COMPLETED BY SCYMCA STAFF Date Received

No

All Documents Attached Yes

ST. CLOUD AREA FAMILY YMCA FINANCIAL ASSISTANCE

Application must be filled out completely. Please print clearly and include all required documents. Missing information can cause automatic denial of the application.

| MEMBER INFORMATION: Hea | d of Household | | | | | |
|--|---|---|---------------------------------|--|----------------|---|
| First Name | Last Name | | Birthdate | | Race* | Gender (circle) M F |
| Address | | City | | | State | Zip |
| Primary Phone | Secondary Phone | | Employer | | | |
| Email | 1 | | | provide the best emain and information. | l address for | you to receive |
| *Race: AP-Asian/Pacific Islander; AAB W-White/Caucasian -This is required | -African American/Blac to assist The Y in Gran | :k; AN -Alaskan N It applications, ar | ative; H -H nd YMCA S | ispanic; NA -Native Statistical data | American; | O -Other; U -Unspecified; |
| EMERGENCY CONTACT for He | ead of Household | | | | | |
| Emergency Contact Name | | Emergency Contact I | phone | | | |
| ADDITIONAL ADULT FOR FA | MILY/COUPLE M | EMBERSHIPS | | | | |
| First | Last Name | | Birthdate | | Race* | Gender (circle) M F |
| Email | 1 | | | Employer | | |
| DEPENDENTS FOR FAMILY Please list all dependents you can clai | | hom you are requ | locting ac | tistanso (Usually 2 | 4 and your | aari |
| First | Last | nom you are requ | Birthdate | | Gender: | Relationship |
| 1150 | Last | | Dirtituate | | M F | Kelationship |
| First | Last | | Birthdate | e Race* | Gender: M F | Relationship |
| First | Last | | Birthdate | e Race* | Gender: M F | Relationship |
| First | Last | | Birthdate | e Race* | Gender: M F | Relationship |
| First | Last | | Birthdate | e Race* | Gender: M F | Relationship |
| First | Last | | Birthdate | e Race* | Gender: M F | Relationship |
| First | Last | | Birthdate | e Race* | Gender: M F | Relationship |
| I am applying for assistance with (ci | mala ama)a Mom | bership | Pro | ograms | | rvised Visits |
| If applying for membership, which t | | • | mily | Large Family | Senio | |
| Scholarship Applicants: F | , p c. | | • | | | |
| | Applicant | Other A | dult | Verification A | ttached | Y Staff Verification |
| Salary, wages, and tips** | | | | | | |
| Unemployment compensation** | | | | | | |
| Social Security compensation** | | | | | | |
| Child Support** | | | | | | |
| Government Cash Assistance** | | | | | | |
| Food Support** | | | | | | |
| Other** | | | | | | |
| Total Annual Income | | | | | | |
| **Documentation of additional forms of inco | | | | | oility/SSI, VA | disability, unemployment f |
| support, child support, foster care payments | | | assistance | not listed. | | |

**Income verification is required for all adult (18+) members of the household.

** If you indicate that you have no income or benefits, please attach a brief statement indicating how your basic needs are being met.

** The ST. CLOUD AREA FAMILY YMCA reserves the right to deny assistance without proper documentation

Please complete the reverse side of this application, failure to do so could result in denial of application \rightarrow

Here at the ST. CLOUD AREA FAMILY YMCA, we award scholarships ranging from <u>20-60%</u> off the membership rate, and <u>25-50%</u> off the cost of qualified programs. Scholarships reduce fees, but do not eliminate them. The Y believes a strong sense of ownership and pride is developed when our scholarship recipients contribute to the cost of their YMCA involvement. Awards are good for up to one year, at which time your membership will automatically terminate. If you would like to continue at the end of your time, you will need to complete this scholarship process again.

Please do not register for programs prior to your scholarship application being approved. The YMCA will not apply financial assistance to past registrations or memberships. After an application has been approved, assistance can be applied to all relevant memberships and programs moving forward through the expiration date.

Membership payment options: Payment must be provided to activate membership. There are 3 payment options when activating memberships:

- Monthly Automatic Checking, Savings or Credit Card Withdrawal You will need to bring in a voided check, or debit/credit card to get started with this payment option. This is a continuous membership, with dues taken out on the 15th of each month.
- 2. Semi-Annual Payment Payment made with cash, check, or credit card for 6 months of Paid in Full membership. Selecting this option will require that you reapply for your scholarship after 6 months of membership.
- 3. Annual Payment Payment made with cash, check, or debit/credit card for 12 months of Paid in Full membership.

Your fees are subject to increase when you reapply for financial assistance. If you do not reapply when requested, your enrollment will be terminated.

All YMCA members receive the same membership benefits, regardless of assistance qualification. YMCA members can feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families, and strong communities.

SCHOLARSHIP APPLICATION NSF/TERMINATIONS MEMBERSHIP WAIVER RECIPT ACKNOWLEDGEMENTS

Both adults of the household must read and sign the below acknowledgements:

- I have received copies of, have read, understand, and agree to the following Policies and Waivers (contained on the application cover page, to be kept for your records):

The Membership Waiver

Refund Policy

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- Photo and Video/Audio Recording Release
- Sex Offender/Violent Offender Notice

- Kid Zone Policy
- Membership Discount Policy
- Code of Conduct
- NSF/Termination Policy

-I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA in writing of any changes in the information supplied in this application such as income, address, living arrangement, marital status or other matters that might affect my eligibility for financial assistance.
-I understand that failure to comply with the YMCA policies can and may result in immediate revocation of membership and program privileges.

-I understand my YMCA scholarship membership will be for a duration of up to 12 months and will remain in effect until terminated at the end of that time. If I wish to end my membership early, notification in writing per the Termination Policy is required.

-Membership rates are subject to increase: You will be notified at least 4 weeks in advance of any increases in membership rates.

-I understand that my YMCA membership includes access to SCYMCA's Virtual Y. Sharing barcodes for Virtual Y access is not allowed and can result in termination of YMCA Membership.

-I understand that if approved, unless Paid in Full, this is a continuous membership plan. I understand that I must give the YMCA a written notice by the 15th of the month, one month prior to when a change or termination is to become effective.

| Applicant Print Name: | | Other Adult Print Name: | |
|-----------------------|-------|-------------------------|------|
| | | | |
| Applicant Signature: | _Date | Other Adult Signature: | Date |

YMCA Mission: To put Christian principles into practice though programs that build healthy spirit, mind, and body for all.