



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOLARSHIP APPLICATION

JOHNSON COUNTY FAMILY YMCA

The Johnson County Family YMCA is a nonprofit, health, and wellness organization committed to helping people reach their full potential.

The Y recognizes that many of the children and families throughout our community would benefit from Y programs and services, but cannot afford to participate. The Y's commitment to our community assures that scholarships are available to those who qualify.

Our scholarships are based on a sliding fee scale that is designed to fit each applicant's financial situation.

Through the generosity of the donors to our annual Friends of the Y campaign, the Johnson County Recreation District, and the Ray and Kay Littler Trust, we are able to make the Y accessible through our **Scholarship Program**.

The Johnson County Family YMCA requires that applicants provide all the requested information on the attached application regarding income and family size so that we can provide assistance in a fair and consistent manner.

The Y also requires that applicants renew their application annually, or when requested, to keep information on their applications updated.

You will be notified by telephone if your application has been approved, or if you need to submit additional information. After your application is approved, you will be asked to activate your membership and pay any fees that are due at the time of activation.

Johnson County Family YMCA

101 Klondike Drive

Buffalo, WY 82834

P 307 684 9558

W jcfymca.org

ELIGIBILITY

Eligibility is determined by household income and the number of qualified dependents.

The Y believes that a strong sense of ownership and pride is developed if the scholarship recipient contributes to the cost of their Y involvement. Therefore, all applicants will be asked to pay a portion of the membership and program fees.

SPECIAL CIRCUMSTANCES

If you feel there are special circumstances that may be a factor in this decision, you may provide your written explanation and any support documentation with this application.

HOW TO APPLY

Applications are available at the Johnson County Family YMCA front desk or online.

REQUIRED FINANCIAL INFORMATION

In order for your application to be processed, we require one of the following proof of income items for the whole household:

- Both employed - if you and your spouse are employed, copies of the last 2 pay stubs from each person
- One employed - if only one adult is employed, copies of the last 2 pay stubs
- Self-employed - last year's IRS tax statement to verify annual earnings
- Social Security/Disability - a copy of your letter from Social Security showing your benefit
- Unemployed - a copy of your letter from the Unemployment office showing your benefit
- No documentation - a brief note telling how you provide for food, clothing, and housing

Failure to provide the required documentation may delay your application.

Return your completed application and documentation to the Johnson County Family YMCA.



**JOHNSON COUNTY FAMILY YMCA
SCHOLARSHIP APPLICATION
(applies only to Membership & Youth Programs)**

| For Office Use | |
|----------------|--|
| % Family | |
| % YMCA | |
| Start | |
| Expiration | |

Name of Applicant _____ Email _____
 Address _____ Primary # _____
 _____ Secondary # _____

Information Regarding All Household Members

| Family Size | Check One Box | Family Type | Check One Box |
|--|--------------------------|---|------------------------------|
| One | <input type="checkbox"/> | Single Person | <input type="checkbox"/> |
| Two | <input type="checkbox"/> | Two adults - No children | <input type="checkbox"/> |
| Three | <input type="checkbox"/> | Single Parent - Female | <input type="checkbox"/> |
| Four | <input type="checkbox"/> | Single Parent - Male | <input type="checkbox"/> |
| Five | <input type="checkbox"/> | Two Parent Household | <input type="checkbox"/> |
| Six | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Seven | <input type="checkbox"/> | Health Insurance | # of Persons |
| (Please note how many if more) Eight+ | <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Gender | # of Persons | Disabled | # of Persons |
| Male | <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Female | <input type="checkbox"/> | Source of Family Income | Primary Source Only |
| Ages | # of Persons | Employment + Other Source | <input type="checkbox"/> |
| 0 - 5 | <input type="checkbox"/> | Employment Only | <input type="checkbox"/> |
| 6 - 11 | <input type="checkbox"/> | General Assistance | <input type="checkbox"/> |
| 12 - 17 | <input type="checkbox"/> | Pension | <input type="checkbox"/> |
| 18 - 23 | <input type="checkbox"/> | Social Security | <input type="checkbox"/> |
| 24 - 44 | <input type="checkbox"/> | SSI | <input type="checkbox"/> |
| 45 - 54 | <input type="checkbox"/> | TANF | <input type="checkbox"/> |
| 55 - 69 | <input type="checkbox"/> | Unemployment Insurance | <input type="checkbox"/> |
| 70+ | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Ethnicity | # of Persons | Annual Family Income | Check One Box |
| Hispanic, Latino or Spanish Origin | <input type="checkbox"/> | \$0 - \$12,880 | <input type="checkbox"/> |
| Not Hispanic, Latino or Spanish Origin | <input type="checkbox"/> | \$12,881 - \$17,420 | <input type="checkbox"/> |
| Race | # of Persons | \$17,421 - \$21,960 | <input type="checkbox"/> |
| American Indian/Alaska Native | <input type="checkbox"/> | \$21,961 - \$26,500 | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> | \$26,501 - \$31,040 | <input type="checkbox"/> |
| Black/African American | <input type="checkbox"/> | \$31,041 - \$35,580 | <input type="checkbox"/> |
| Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> | \$35,581 - \$40,120 | <input type="checkbox"/> |
| White | <input type="checkbox"/> | \$40,121 - \$44,660 + | <input type="checkbox"/> |
| Multi-Race (Any Two or More) | <input type="checkbox"/> | if over \$44,661 how much? \$ | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Housing | Check One Box |
| Education - 24 Years or Older | # of Persons | Own | <input type="checkbox"/> |
| 0 - 8 | <input type="checkbox"/> | Rent | <input type="checkbox"/> |
| 9-12 / Non-graduate | <input type="checkbox"/> | Homeless | <input type="checkbox"/> |
| High School Graduate / GED | <input type="checkbox"/> | Other* | <input type="checkbox"/> |
| 12+ Some Post Secondary | <input type="checkbox"/> | * - Please Describe Housing Situation Below | |
| 2 or 4 Years College Graduate | <input type="checkbox"/> | | |

PLEASE TURN OVER TO COMPLETE THE FORM

Scholarship Application (continued)

Membership Type Being Requested

| | |
|-----------------|--|
| Student | |
| College Student | |
| Adult | |
| Adult Couple | |
| Family | |
| Senior Citizen | |
| Senior Couple | |

I would be willing to volunteer for the following

| | |
|-------------------------|--|
| Adult Sports & Programs | |
| Annual Support Campaign | |
| Drop-In Childcare | |
| Fitness Classes | |
| Special Events | |
| Summer Camp | |
| Swim Lessons | |
| Youth Sports & Programs | |

UNUSUAL FINANCIAL OBLIGATIONS

Examples are emergency related hardships, unusual medical debt, etc.

REQUIRED FINANCIAL INFORMATION

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Both employed - if you and your spouse are employed, copies of the last 2 pay stubs from each person

Self-employed - last year's IRS tax statement to verify annual earnings

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No documentation - a brief note telling how you provide for food, clothing and housing

CONTRIBUTION

The YMCA requires some contribution from all applicants towards their membership dues, what dollar amount do you feel you would be able to contribute a month? \$_____

Your information will not be shared and will be kept in the strictest confidence. It will be reviewed only by our Membership Coordinator.

Signature _____

Date _____



Johnson County Family YMCA

Membership Application

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Membership Type

- | | |
|--|--|
| <input type="checkbox"/> Student (10 - 17) ‡ | <input type="checkbox"/> Senior Citizen (62+) |
| <input type="checkbox"/> College Student ‡‡ | <input type="checkbox"/> Senior Citizen Flex ** |
| <input type="checkbox"/> Adult (18 - 61) | <input type="checkbox"/> Senior Couple * |
| <input type="checkbox"/> Adult Couple | <input type="checkbox"/> Senior Couple Flex */** |
| <input type="checkbox"/> Family | |

‡ - Requires one adult (18+) to be listed on account as well

‡‡ - Proof of Full-Time Enrollment

* - Only one member needs to be 62+

** - May be put on hold for up to three (3) months in a 12 month period

Primary Member *(Parent for Student Membership)*

First Name

Last Name

Gender

Birthdate

Contact Information

Home Address

City

State

Zip

Primary Phone

Alternate Phone

Email *(Online Account Access & Email List)*

Emergency Contact

Emergency Phone

Employer

Additional Members

First Name

Last Name

Gender

Birthdate

First Name

Last Name

Gender

Birthdate

First Name

Last Name

Gender

Birthdate

First Name

Last Name

Gender

Birthdate

First Name

Last Name

Gender

Birthdate

Email List

I would like to receive occasional email from the Johnson County Family YMCA in regards to:

☐ Child Care

☐ Special Events

☐ Personal Training

☐ Youth Athletics

☐ Adult Athletics

☐ Fitness Classes

☐ Swim Lessons

☐ Aquatics Classes

Membership Payment Information

I would like to pay for my membership using the following time frame:

| | | | |
|--|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Annually | <input type="checkbox"/> Semi-Annually | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Monthly |
| If I am not paying Monthly, please renew my membership by: | | | <input type="checkbox"/> on the 1st |
| <input type="checkbox"/> Invoice | <input type="checkbox"/> Draft | | <input type="checkbox"/> on the 20th |

For Draft Memberships

I would like to use the following payment method for my draft:

| | |
|--|---|
| <input type="checkbox"/> Bank Account (<i>Monthly Only</i>) | <input type="checkbox"/> Credit/Debit Card (<i>All Time Frames</i>) |
| <input type="checkbox"/> Please also use the above payment method to pay for the Joining & Prorate Fees. | |

Agreement and Release of Liability

By joining the Johnson County Family YMCA, members agree to abide by all policies that are in place.

Johnson County Family YMCA Memberships are non-transferable and non-refundable.

The Joining Fee is paid once unless membership lapses for more than one (1) month.

The Johnson County Family YMCA must be given notice at least three (3) business days in advance of the next draft date to cancel membership without being charged for another month.

The Johnson County Family YMCA email list can be unsubscribed from at any time.

The Johnson County Family YMCA does not provide accident insurance. There is an inherent risk in all physical activities and members assume such risk. Any and all injuries incurred are the responsibility of the member to provide payment for.

By signing below, I hereby agree to the above policies and that for myself, my heirs, executors, and administrators, waive and release any and all rights and claim damages I may have against the Johnson County Family YMCA or their respective agents, successors, or assignees for any and all injuries which may be suffered by me in connection with the Johnson County Family YMCA.

Primary Member Signature

Date

Donate to the Y | Every Dollar Counts

Your contributions have a significant impact. Even a small donation can give access to a Y Membership and to Y Programs that can inspire a lifetime of health and wellness. *Donations are Tax Deductible.*

☐ I would like to donate:

| | | |
|---|------------------|-------------------------|
| <input type="checkbox"/> One Time | Donation Amount: | \$ <input type="text"/> |
| <input type="checkbox"/> Monthly | Donation Amount: | \$ <input type="text"/> |
| <input type="checkbox"/> Use My Draft Method Above (<i>If Applicable</i>) | | |
| <input type="checkbox"/> Bank Account | | |
| <input type="checkbox"/> Credit/Debit Card | | |

For Office Use

Unit ID#

Notes

Staff Signature