



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 - copy of your letter from Social Security showing your benefit
- Unemployed - 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 required requested 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: _____ Home Phone: _____
 _____ Cell Phone: _____

Information Regarding All Household Members:

Family Size:	Check Which Applies	Family Type:	Check Which Applies
One		Single Person	
Two		Two adults - No children	
Three		Single Parent - Female	
Four		Single Parent - Male	
Five		Two Parent Household	
Six		Other	
Seven		Health Insurance:	# of Persons
(Please note how many if more) Eight+		No	Yes
Gender:	# of Persons	Disabled:	# of Persons
Male		No	Yes
Female		Source of Family Income:	Primary Source Only
Ages:	# of Persons	Employment + Other Source	
0-5		Employment Only	
6-11		General Assistance	
12-17		Pension	
18-23		Social Security	
24-44		SSI	
45-54		TANF	
55-69		Unemployment Insurance	
70+		Other	
Ethnicity:	# of Persons	Annual Family Income:	Check Which Applies
Hispanic, Latino or Spanish Origin		Up to \$6,380	
Not Hispanic, Latino or Spanish Origin		\$6,381 - \$9,570	
Race:	# of Persons	\$9,571 - \$12,760	
American Indian/Alaska Native		\$12,761 - \$15,950	
Asian		\$15,951 - \$19,140	
Black/African American		\$19,141 - \$22,330	
Native Hawaiian/Other Pacific Islander		\$22,331 - \$25,520	
White		\$25,521 +	
Multi-Race (Any Two or More)		if over \$25,520 how much?	\$
Other		Housing:	Check Which Applies
Education - 24 Years or Older:	# of Persons	Own	
0 - 8		Rent	
9-12 / Non-graduate		Homeless	
High School Graduate / GED		Other*	
12+ Some Post Secondary		* - Please Describe Housing Situation Below	
2 or 4 Years College Graduate			

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

For example: emergency related hardships, unusual medical debt, etc.

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:

- One employed - if only one adult is employed, copies of the last 2 pay stubs
- 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
- Social Security/Disability - copy of your letter from Social Security showing your benefit
- Unemployed - 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

CONTRIBUTION

The YMCA encourages contribution from all applicants towards the membership dues, what amount would you 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

Applicant Information

Name _____

Mailing Address _____

City _____

State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Birth Date _____ Gender _____

Name of Employer _____

Emergency Contact Name _____

Emergency Contact Phone _____

Are you a veteran? Yes No

Email _____

Family Member Information

Name _____

Birth Date _____ Gender _____

Name _____

Birth Date _____ Gender _____

Name _____

Birth Date _____ Gender _____

Name _____

Birth Date _____ Gender _____

Name _____

Birth Date _____ Gender _____

Name _____

Birth Date _____ Gender _____

Would you like to sign up for JCFYMCA blog posts? Yes No

Would you like to receive occasional email from the JCFYMCA in regards to:

Camp 307 Youth Athletics Adult Athletics Personal Training

Aquatics Classes Swim Lessons Fitness Classes Special Events

Agreement and Release of Liability

As a member of the Johnson County Family YMCA, I agree to abide by all policies that are in place.

This membership is non-transferable and non-refundable.

I pay the initial joining fee once, unless my membership lapses for longer than 30 days.

If my bank draft payment is returned by the bank, a fee of \$10.00 will be charged.

I understand that I must advise the YMCA at least 3 (three) working days in advance of my next draft date (either the 1st or 20th) to cancel my membership without being charged for another month.

Members and program participants may be photographed providing opportunities for YMCA promotions.

If I choose to receive email from the JCYFMCA, I understand that I can unsubscribe at any time.

The YMCA does not provide accident insurance and that any and all injuries incurred are my responsibility to provide payment for. There is an inherent risk in all physical activities and that I assume such risk.

I hereby, 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.

Signature _____

Date _____

FOR BANK DRAFT MEMBERSHIPS

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Date of draft: 1st 20th (please select one)

I (we) hereby authorize JOHNSON COUNTY FAMILY YMCA, hereinafter called COMPANY, to initiate debit entries to my (our):

Checking account Savings account (please select one)

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Full name of bank: _____ Routing Number: _____

Bank address: _____ Account Number: _____

_____ This information appears at the bottom of your check as follows:

|: Routing Number |: Account Number |: Check Number

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

If the bank draft payment is returned by the bank, a \$10.00 fee will be charged. If the payment is returned by the bank for two consecutive months, the membership will be cancelled.

Name(s): _____

Signature: _____ Date: _____

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Office Use Only

Membership Type _____ Member ID # _____

Payment Type Annual Pay _____ 1 Month Adult _____

Bank Draft 1st _____ 20th _____

Joining Fee \$ _____

Pro-Rate Monthly Fee \$ _____

Total Amount Paid \$ _____ Check # _____

Staff Signature _____ Date _____