



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Affordable Membership Application

Branch: Auburn Skaneateles

Revised June 2016

YMCA Membership Scholarships are available to children, adults and families. Because scholarship dollars are limited and is based upon available resources (according to budget), applicants are encouraged to pay as much as possible toward membership fees. The Y reserves the right to deny scholarship benefits to those who have demonstrated any violation of Y rules and values and inability to demonstrate financial need. All scholarships are granted for 12 months and individuals and families must reapply annually with updated information. **The determination process takes 2 weeks. Scholarships reduce fees, it does not eliminate them.**

This form must be filled out completely for validation.

Important:

Please return the completed application, along with last year's income tax statement (or if you didn't file, attach copies only of your recent paycheck stub, support or public assistance check) to appropriate branch:

Scholarship Committee

Scholarship Committee

Auburn YMCA-WEIU
27 William Street
Auburn, NY 13021

Skaneateles YMCA & Community Center
97 State Street
Skaneateles, NY 13152

Applicant's Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Phone: _____ If no phone how may you be contacted? _____

Birth Date: _____ Age: _____

Gender (circle one): Male Female

Place of employment: _____ Phone _____

Type of membership you are applying for: Youth Adult Family Senior Citizen

Family Membership includes two adults, unmarried children or custodial grandchildren through age 25 who live in your household. All members must provide proof of income: W-2, paystub, SSI, Social Security.

How much can you afford to pay on a monthly basis? _____

Name of person filling out form, if different from applicant: _____

Name of spouse or other adults in household: _____

Their place of employment: _____ Phone: _____

Number of adults over 19 in your household: _____ Number of children: _____

List the ages of the children: _____

Please explain briefly why you are requesting a subsidy and how the scholarship will benefit you/yourfamily: _____

Please list gross monthly household income and expenses:

Gross Monthly Income		Monthly Expenses	
Wages	\$	Rent/Mortgage	\$
Public Assistance		Utilities	
Food Stamps		Food	
Support		Insurance	
SSI		Medical	
Pension		Clothing	
Other		Other	
Total Income:		Total Expenses:	

- Applicants must not owe any money to the Auburn/Skaneateles YMCA
- All applicants must qualify for inability to pay due to financial hardship: the scholarship committee may base their decisions in part on federal poverty levels.
- Any willful violation of YMCA rules, values or unacceptable behavior may result in immediate termination of membership. Applicants and family must demonstrate good citizenship
- The YMCA has the right to table any application of those who have a previous history of incidents or unacceptable behavior at the YMCA.
- Payments must be made consecutively or membership becomes null and void. If no payment is received for three months, the scholarship is terminated, membership expires and you must reapply.
- I understand that if I must cancel our membership I will contact the Y so that sponsorship may be provided to others.
- Family Credit does not apply to scholarship memberships. Health Center memberships are not part of the scholarship program
- Scholarships must be activated within 30 days of notification of approval

YMCA Code of Conduct: The Y is a family oriented organization whose purpose is to promote the spiritual, intellectual, social and physical welfare of all. We expect our members to meet minimum standards of conduct. These standards include but are not limited to:

- Compliance with all Y polices and rules regarding use of facilities and equipment
- Respect for Y staff and other members and participants
- No swearing, abusive or vulgar language. No fighting
- Staff reserves the right to determine the appropriateness or inappropriateness of apparel being worn.
- All members must follow the core values of **Respect, Responsibility, Honesty and Caring.**

★ READ AND SIGN ★

I _____ do hereby attest that the information given is correct to the best of my knowledge and that I have read and agree to all the terms in this form. I agree, if necessary to send additional information or documentation to support the above statements. I understand if I falsify information, I will not be eligible for assistance now and/or in the future. I understand that by accepting this scholarship I am obligated to make the monthly payment, if a payment is missed I understand that those months must be paid in order to keep my membership in good standing. I understand that all information will be kept confidential. The Y reserves the right to increase applicant payments in accordance with any general rate increases.

Signature _____ Date _____

***** For Committee Use Only..... Approved () Yes () No

Date received _____ Membership _____ Total Fee _____ Family Pays _____
 Requested from Committee _____ Notification _____ Date _____

Comments: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Branch Auburn Skaneateles
Join Date _____
Member Type _____

YMCA- WEIU Membership Application

Last Name _____ First Name _____ M.I. _____
A.K.A (i.e. maiden name, nickname) _____

Street Address _____ City _____ Zip _____

Previous Address _____

Birthdate _____ Age ____ Sex: M F Home/Cell Phone _____ Alter. Phone _____

Employer _____ Work Phone _____

Email Address _____

Emergency Contact: Name _____ Phone _____

Relationship to Applicant _____

Parent/Guardian Info (if youth membership)
Name _____ Phone _____

Family Membership (includes one of two adults, 19 years or older, living in the same household, and their dependent children through age 25)

Name	Sex	Birthdate	Age	Grade	School/Employer	Phone

I decided to join the YMCA because of: __ printed advertising materials __ taking a YMCA class
__ visiting as a guest __ encouraged by a member (members name) _____
__ other _____

Photo Release

I give the Auburn YMCA-WEIU permission to use any or all portraits of myself and/or my family members for advertising, display, printed materials or other uses.

Agreement

I understand that the YMCA-WEIU is guided by the values of honesty, caring, respect and responsibility and I agree to abide by the policies and rules established by the Board of Directors and staff. I also understand that I participate in YMCA activities and use YMCA facilities and equipment at my own risk. The Auburn YMCA- WEIU does not carry individual accident insurance; if I become ill or injured from such use or participation, I must use my own insurance.

Signature Date

