



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## FINANCIAL ASSISTANCE APPLICATION

### Cambridge Area YMCA Family Center

**Date of Application:** \_\_\_\_\_

**Please return completed application to:**

Cambridge Area YMCA Family Center  
1301 Clairmont Ave  
Cambridge, OH 43725

#### WHO WE ARE

The Cambridge Area YMCA Family Center has proudly been serving the Guernsey County area since 1948. Our programs and our staff are committed to demonstrating the Y core values for which we stand: CARING, HONESTY, RESPECT, RESPONSIBILITY, AND FAITH.

The Y provides a variety of programs and services designed to help you strengthen your spirit, sharpen your mind, and build your body. Personal training, child care, yoga, group exercise classes, weight management, youth sports, and swim lessons are just a part of what you will find at your local YMCA.

We encourage you to take full advantage of your membership and get to know the staff and the members of your Y. Please stop by or call 740-432-4600 if you have any questions. We look forward to serving you!

**NATIONAL YUSA MISSION STATEMENT:** To strengthen the community through its focus on youth development, healthy living, and social responsibility

**YOUTH DEVELOPMENT:** To nurture the potential of every child and teen

**HEALTHY LIVING:** To improve the community's health and well-being

**SOCIAL RESPONSIBILITY:** To give back and to provide support to our neighbors

**CAMBRIDGE AREA YMCA MISSION STATEMENT:** To build strong kids, strong families, and strong communities by providing educational, social, and physical education programs focusing on life skills, citizenship, character development, and health.

1301 Clairmont Avenue  
Cambridge, OH 43725  
740-432-4600

[camby@cambridgeymcaoh.onmicrosoft.com](mailto:camby@cambridgeymcaoh.onmicrosoft.com)  
[www.cambridgeymcaoh.com](http://www.cambridgeymcaoh.com)

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## COMMONLY ASKED QUESTIONS

### **What is YMCA financial assistance?**

As a community-based charitable and collaborative organization that is volunteer-driven, the YMCA derives its strength from its community roots and strong volunteers. Through partnerships with other non-profit organizations, we are able to enhance and expand the programs and services we offer. Scholarships are contingent upon the generosity of our individual members and community organizations.

### **Who is eligible for YMCA financial assistance?**

Anyone may apply for financial assistance. Approvals are made on an individual basis and based on a sliding-fee scale with total household income and number of dependents taken into consideration. The scale assists the financial review committee in determining the amount of aid awarded. Family, adult, and youth memberships are available. Children 18 and over must be in school, receiving SSI, or disabled to be included in a family membership.

### **Is it possible to join the YMCA for free?**

The YMCA believes a strong sense of ownership and pride is developed when the financial assistance recipient contributes to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the fee for the requested services.

### **What is the responsibility of the scholarship recipient?**

Upon approval of financial assistance, a YMCA representative sends verification and conditions of the scholarship to you. Those conditions include the length of your scholarship, your commitment to make payments on time, and the activation of your award within one month.

### **How long will the financial assistance continue?**

Financial assistance is granted for one calendar year. Reapplication is required annually. The exception would be senior citizens.

### **How long does the application process take?**

Once your completed financial assistance application with required documentation is received, it will be reviewed by the review committee. You will be notified by mail of your assistance amount within three weeks and will be instructed how to sign up for the discounted membership.

### **How do I apply?**

To process your application, please follow the directions below. Incomplete applications will not be processed.

- A. Complete the Financial Assistance Application and Worksheet financial document worksheet.
- B. Attach documents with your application: (Include copies for ALL individuals who have an income in the household)
- C. Complete the Membership Application

\* An incomplete application cannot be processed and will be returned.

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### **What income documentation do I need to apply?**

In order for your application to be reviewed, you must provide the most current copy of your **1040 Tax Form** or **Award Letter** (*should you not file taxes*) along with the verification of all forms of household income. **If you have listed it in the income column, you will need to provide relevant documentation before we can proceed with your financial assistance request. If you do not submit this information with your application, your application will not be considered for financial assistance.**

### **Who can be on my membership?**

The YMCA Guidelines for membership are as follows:

- Youth: Under 18
- Young Adult: 18-25 years of age
- Adult: 26-64 years of age
- Single Parent Family: One adult plus children up to age 25 (if that child is a full-time student living in the house and claimed on federal taxes)
- Family: Two adults plus children up to age 25 (if the children are full-time students living in the house and claimed on federal taxes)
- Senior: 65+
- Senior Family: One of the two adults 65+

### **May I do anything in return for this assistance?**

Yes! At the YMCA, children and adults are encouraged to volunteer. Also, YMCA donors appreciate learning how their contributions are used. Submitting a short note about how you and your family benefited from the financial assistance program is greatly appreciated. We love to hear from our members!

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## APPLICANT INFORMATION

<b>FIRST NAME:</b>		<b>M.I.:</b>	<b>LAST NAME:</b>	
<b>AGE:</b>		<b>DATE OF BIRTH:</b>		
<b>ADDRESS:</b>				
<b>CITY:</b>		<b>STATE:</b>		<b>ZIP CODE:</b>
<b>CELL #:</b>	<b>HOME #:</b>		<b>WORK #:</b>	
<b>EMAIL:</b>				
<b>EMPLOYER:</b>			<b>YEARS EMPLOYED:</b>	
<b>EMERGENCY CONTACT NAME (primary):</b>			<b>PHONE #:</b>	
<b>SPOUSE'S NAME:</b>			<b>DATE OF BIRTH:</b>	
<b>SPOUSE'S EMPLOYER:</b>			<b>YEARS EMPLOYED:</b>	
<b>CELL #:</b>	<b>HOME #:</b>		<b>WORK #:</b>	
<b>EMAIL:</b>				

Do you have a single parent household? **YES NO**

What is the dollar amount that you are willing to pay each month for your Cambridge Area YMCA Family Center membership? (Do not leave blank and please do not answer \$0.00)

\$\_\_\_\_\_ per month

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## FINANCIAL DOCUMENT WORKSHEET

MONTHLY INCOME	ADULT 1	ADULT 2	CHILDREN	Total
TOTAL GROSS WAGES				
CHILD SUPPORT or ALIMONY				
SOCIAL SECURITY INCOME or DISABILITY				
UNEMPLOYMENT				
RETIREMENT or PENSION				
MONTHLY VALUE OF FOOD STAMPS				
OTHER (HUD SECT 8, FEDERAL, STATE, MEDICAL, TANF, OWF)				
<b>TOTAL MONTHLY INCOME</b>				
MONTHLY EXPENSES				
RENT/MORTGAGE				
UTILITIES				
FOOD				
CLOTHING				
PHONE				
CAR/INSURANCE				
CHILD SUPPORT				
OTHER				
<b>TOTAL MONTHLY EXPENSES</b>				
<b>ADDITIONAL INFORMATION:</b> Please explain your current financial situation and explain why receiving financial assistance to join the Cambridge Area YMCA Family Center would be beneficial to you and your household. If you need more space, please attach an additional piece of paper.				
<b>SIGNATURE OF APPLICANT:</b> I hereby certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any changes in the above information. I understand that false information or lack of information may jeopardize my financial assistance. I understand that I will be requested to pay a percentage of my membership.				
<b>Signature of Applicant</b>				<b>Date</b>

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# MEMBERSHIP APPLICATION

## CAMBRIDGE AREA YMCA FAMILY CENTER

MEMBERSHIP TYPE							
<i>Circle Membership Type:</i> <b>Monthly Quarterly Semi-annual Annual</b> (cash or check options) <b>Corporate</b> <i>Circle Membership Billing Method:</i> <b>EFT Credit Card</b> (all monthly, quarterly, and semi-annual dues require automatic draft) <i>Circle Membership Draft Date:</i> <b>1<sup>st</sup></b> <i>Circle Membership Category:</i> <b>Youth Two Sibling Youth Young Adult Adult Family Single Parent Family Senior Senior Family</b>							
PRIMARY ADULT						<input type="radio"/> Check ID	
Legal First Name	M. I.	Legal Last Name	Date of Birth		Gender		M or F
Home Address				City	State	Zip code	
Cell Phone	Alternate Phone	Email Address			Marital Status		
						M / S / D	
Employer Name		Emergency Contact Name			Emergency Contact Phone Number		
Have you been a YMCA member before? Circle one: Yes No		<b>Set Up Recurring Monthly Charitable Donation supporting Scholarship Financial Assistance - Circle One: \$1.00 \$5.00 \$10.00 Other _____</b>				<b>OR One-Time Donation Amount: _____</b>	
SECONDARY ADULT						<input type="radio"/> Check ID	
Legal First Name	M.I.	Legal Last Name	Date of Birth		Gender		M or F
Home Address				City	State	Zip Code	
Cell Phone	Alternate Phone	Email Address			Marital Status		
						M / S / D	
Employer Name		Emergency Contact Name			Emergency Contact Phone Number		
DEPENDENTS UNDER 18 YEARS OF AGE (25 IF FULL-TIME STUDENT LIVING AT HOME)							
Please list any children you would like to add to your membership. They must be claimed on your income tax return and reside at the same address to be eligible.							
Legal First Name	M.I.	Legal Last Name	Relationship	Gender	Date of Birth	Age	Student (Y/N)

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**ASSUMPTION OF RISK WAIVER AND RELEASE OF ALL CLAIMS**

I RECOGNIZE AND AKNOWLEDGE THERE ARE CERTAIN RISKS OF PHYSICAL INJURY TO PARTICIPATE IN THE ACTIVITIES AND VOLUNTARILY AGREE TO ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE OR LOSS, REGARDLESS OF SEVERITY, THAT MY MINOR CHILD/WARD OR I MAY SUSTAIN FROM MY AND/OR MY CHILD/WARD'S PRESCENCE IN, UPON, OR ABOUT THE PREMISES OR WHILE USING OR OBSERVING THE PREMISES OR ANY FACILITIES OR EQUIPMENT OR PARTICIPATING IN ANY PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT TO LOCATION. I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS, NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE, AND COVENANT, NOT TO SUE THE CAMBRIDGE AREA YMCA FAMILY CENTER, THEIR RESPECTIVE OFFICERS, BOARD OF DIRECTORS, MEMBERS, VOLUNTEERS, EMPLOYEES, OR AGENTS (THE "RELEASES") AND EACH OF THEM FROM ANY AND ALL CLAIMS FOR INJURIES, DAMAGES OR LOSS THAT MY MINOR CHILD/WARD OR I MAY HAVE OR WHICH MAY ACCRUE TO MY MINOR CHILD/WARD OR TO ME FROM MINE OR MY CHILD/WARD'S PRESENCE IN, UPON, OR ABOUT THE PREMISES, OR WHILE USING OR OBSERVING THE PREMISES OR ANY FACILITIES OR EQUIPMENT IN ANY PARTICIPATING PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT TO LOCATION. I, HEREBY INDEMNIFY AND SAVE AND HOLD HARMLESS, THE RELEASES AND EACH OF THE THEM FROM ANY LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR FROM MY PRESENCE IN, UPON, OR ABOUT THE PREMISES OR WHILE USING OR OBSERVING THE PREMISE OR ANY FACILITIES OR EQUIPMENT, OR PARTICIPATING IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, AND WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE. I HEREBY AGREE THAT IN THE EVENT THAT REASONABLE ATTEMPTS TO CONTACT ME HAVE BEEN UNSUCCESSFUL, I HEREBY BY GIVE MY CONSENT FOR ANY MINORS NAMED ON THE APPLICATION TO BE TRANSFERRED TO ANY HOSPITAL REASONABLY ACCESSIBLE. FACTS CONCERNING THE MINOR'S MEDICAL HISTORY, INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND PHYSICAL IMPAIRMENT TO WHICH A PHYSICIAN SHOULD BE ALERTED:

**PHOTO WAIVER**

I UNDERSTAND THAT MY PHOTO, AS WELL AS ALL INDIVIDUALS LISTED ON THE MEMBERSHIP APPLICATION MAY BE TAKEN BY THE YMCA ON OCCASION, AND I HEREBY GRANT PERMISSION FOR MY NAME AND LIKENESS TO BE USED FOR ANY LEGITIMATE PURPOSE IN ANY MEDIA NOW AND HEREAFTER DEVELOPED BY THE YMCA.

**ELECTRONIC FUNDS/BANK DRAFT (EFT) OR CREDIT CARD DRAFT AUTHORIZATION**

I AUTHORIZE MY BANK TO HONOR PREAUTHORIZED BANK OR CREDIT DRAFTS AGAINST MY ACCOUNT FOR MEMBERSHIP (MEMBERSHIP/PROGRAM/CONTRIBUTION) PAYMENT AS INDICATED BELOW:  
WHEN THE BANK HONORS THE EFT OR CREDIT CARD DRAFT BY CHARGING MY ACCOUNT, SUCH TRANSFER SHALL CONSTITUTE NOTICE OF PAYMENT DUE AND MY RECEIPT FOR THE PAYMENT. SHOULD ANY PREAUTHORIZED EFT OR CREDIT CARD DRAFT NOT BE HONORED BY SAID BANK WHEN RECEIVED BY THEM, THEN IT IS UNDERSTOOD THAT THE CAMBRIDGE AREA YMCA, AT ITS DISCRETION, MAY RE-SUBMIT THE AMOUNT DUE FOR PAYMENT ON A FUTURE DATE. Bank Draft Authorization: I (We) hereby authorize the Cambridge Area YMCA, herein called the YMCA, to initiate debits to the BANK institution or credit card company indicated below, herein after called BANK, to debit the amounts thereof to my account (checking or credit card account indicated below).

**TERMS AND CONDITIONS OF MEMBERSHIP: PLEASE INITIAL**

ALL MEMBERS ARE REQUIRED TO PRESENT A CURRENT, VALID MEMBERSHIP CARD FOR IDENTIFICATION WHEN USING THE YMCA'S FACILITIES AND PROGRAMS. I UNDERSTAND I MUST BRING MY MEMBERSHIP CARD EACH TIME I VISIT THE YMCA AND SWIPE IN TO GAIN ACCESS. REPLACEMENT CARDS ARE \$5.00 IF MY CARD IS LOST OR MISPLACED. MEMBERSHIP CARDS ARE NON-TRANSFERRABLE. JOINER FEES ARE NON-REFUNDABLE AND NON-TRANSFERRABLE. THE YMCA CONDUCTS REGULAR SEX OFFENDER SCREENINGS ON ALL MEMBERS, PARTICIPANTS, AND GUESTS. IF A SEX OFFENDER MATCH OCCURS, THE YMCA RESERVES THE RIGHT TO CANCEL MEMBERSHIP, END PROGRAM PARTICIPATION, AND REMOVE VISITATION ACCESS. AS A MEMBER OF THE YMCA YOU ARE AGREEING TO FOLLOW THE POLICIES, PROCEDURES, AND APPROPRIATE BEHAVIORS FOR THE SAFETY AND COMFORT OF ALL MEMBERS AND GUESTS.

\_\_\_\_\_ A YMCA membership is understood to be a lifelong commitment to health and wellness; therefore, my membership will remain in effect until I terminate my membership in writing. The YMCA requires written confirmation to start a membership, to place a membership on hold, and to terminate a membership. I understand that when I wish to terminate my membership, I must give the YMCA a 30 day written notice and turn in ALL membership cards. This authority is to remain in full force and effect until the Y has received written notification of cancelation and/or modification 30 days prior to draft date. Written notification must be received Monday-Friday 8:00AM-3:00PM (Holidays not included).

\_\_\_\_\_ I/We also understand and agree that there are no refunds or credits due to inclement weather, loss of utilities, unplanned emergency/building maintenance, act of God, or other incidents out of the Y's control.

\_\_\_\_\_ The YMCA Board may, at it's discretion, adjust the monthly rate applicable to my membership category once per year.

\_\_\_\_\_ There is a Capital Improvement Fund (CIF)/one-time tee at time of joining. The CIF is a one-time fee as long as I remain an active member of the Y. I understand that if I terminate my membership and wish to rejoin the Y, the CIF will be accessed when reactivating.

\_\_\_\_\_ I have read and understand the YMCA Member Code of Conduct and agree to follow these guidelines while participating at the YMCA. As the primary member, I am responsible for relaying these guidelines to any other person(s) on the membership. The Member Code of Conduct can be found in the Membership Handbook and online at [www.cambridgeymcaoh.com](http://www.cambridgeymcaoh.com).

**MY SIGNATURE BELOW IS ON BEHALF OF MYSELF AND MY HEIRS, ADMINISTRATORS, AND EXECUTORS. I/WE HAVE READ AND UNDERSTAND THE ASSUMPTION OF RISK WAIVER AND RELEASE OF ALL CALIMS, THE PHOTO WAIVER, ELECTRONIC FUNDS/BANK DRAFT (EFT) OR CREDIT CARD DRAFT AUTHORIZATION, AND TERMS AND CONDITIONS OF MEMBERSHIP AS STATED. IN ADDITION I/WE UNDERSTAND AND AGREE THAT ALL OF THE STATEMENTS ABOVE ARE IN EFFECT THROUGHOUT MY ENTIRE MEMBERSHIP WITH THE CAMBRIDGE AREA YMCA.**

**Member Signature**

**Date**

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