



## Financial Assistance

The Wilkes-Barre Family YMCA is dedicated to providing all individuals with the opportunity to participate as members in the association. As part of the YMCA's mission, financial assistance is available based on need and availability of funds. We do this because it is our commitment to serve all people – regardless of age, race, ethnicity, ability or socio-economic status. A sliding fee scale shall be used to determine the level of assistance for each applicant. Scholarships are based on gross income and family size.

Forms must verify all household income, including household members who are not on the membership, including a **minimum of two** of the below stated documents:

- W-2 Form for the most recent tax year
- Income Tax return for the most recent tax year
- Letter from employer verifying annual salary: include last two pay stubs
- Any court ordered (alimony, etc.) and/or Child Support Documents
- Verification of food stamps
- Unemployment and/or Social Security Compensation

Your application will be processed as soon as the YMCA receives all necessary documentation of income. **Incomplete forms will be returned.**

After your completed application is received along with the supporting materials, we will contact you within 30 days. All applications are kept confidential and should be mailed or returned to the Welcome Desk. Thank you for your interest in the YMCA and please do not hesitate to contact us at 570-823-2191 if you have questions.

**Applications are approved on a first come, first serve basis and must be renewed yearly.**

Date: \_\_\_\_\_

## Financial Assistance Application

*Only one copy of this application, with attachments, is necessary for all household members.*

### General Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (home) \_\_\_\_\_

(work) \_\_\_\_\_

(cell) \_\_\_\_\_

### Requested Scholarship Type:

*(please check all that apply)*

Membership (please specify type)

Family \_\_ Adult \_\_ Teen \_\_

Senior \_\_ Senior Family \_\_ Youth \_\_

Childcare (If applying for childcare, applicant must have already been denied by Children & Youth and copy of denial letter must be included)  
(specify childcare program below)  
\_\_\_\_\_

Programs (please specify program(s) below)

Marital Status:  married  divorced  separated  single  Widowed

### Family Members (Include all members of the household)

Name	Birthdate	Age	Relationship	Scholarship Requested (Membership, childcare, program, etc.)

(Use separate sheet for any needed additional spaces)

Have you ever applied to this YMCA for Financial Assistance before? \_\_\_\_ when? \_\_\_\_

Please explain what benefits you see in having this scholarship awarded and why you need financial assistance. Include any extenuating circumstances that should be considered with your application *(continue on additional paper if necessary)*:

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Gross monthly income: \_\_\_\_\_ (include ALL salaries, wages, tips, state and child support)

What is the amount that you are willing or able to pay each month if applying for Membership? \_\_\_\_\_ (Everyone will pay something)

### Statement of Certification and Authorization

I certify that the information provided is true and complete to the best of my knowledge. I agree to inform the Wilkes-Barre Family YMCA immediately if there is any change in my income or family size

If found that false information was presented, the Wilkes-Barre Family YMCA has the right to terminate the assistance immediately.

Name *(please print)*: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Submitting your Application

*Thank you!* Please return application with attachments to:

Member Services Department  
Wilkes Barre Family YMCA  
40 W Northampton Street  
Wilkes-Barre, PA 18701



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WILKES-BARRE FAMILY YMCA MEMBERSHIP APPLICATION

**Adult 1** First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Gender  M  F Birthdate \_\_\_\_\_ Student?  Y  N Member Card # \_\_\_\_\_

Employer \_\_\_\_\_ Company Match?  Y  N Work Phone \_\_\_\_\_

**Adult 2** First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Gender  M  F Birthdate \_\_\_\_\_ Student?  Y  N Member Card # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Email \_\_\_\_\_ Other Email \_\_\_\_\_

EMERGENCY CONTACT:	PHONE:	RELATIONSHIP:
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Children (First and Last Name)	Gender	Birthdate	Member Card #

**HOW DID YOU HEAR ABOUT THE YMCA?** \_\_\_\_\_

By providing the following OPTIONAL information we are able to quantify the YMCA's community outreach and qualify for outside funding such as grants and foundation support.

**Ethnicity:**  African American/Black  Asian/Pacific Islander  Asian Indian  Alaskan Native  
 Caucasian/White  Hispanic/Latino  Native American  Other

**Income:**  under \$10,000  \$20,001-\$30,000  \$40,001-\$50,000  over \$100,001  
 \$10,000 - \$20,000  \$30,001-\$40,000  \$50,001-\$100,000

**Would you be interested in Volunteering?**  Y  N

**If you were referred by a current member, please list them here:** \_\_\_\_\_

**I would like to donate to the Annual Fund:**  \$5  \$10  \$15  \$20  \$25  \$50  \$5/month  \$10/month  \$15/month

**I understand that as a complimentary service of the Wilkes-Barre Family YMCA a certified nutritionist may contact me.**

**Waiver of Liability:** The Wilkes-Barre Family YMCA is a charitable, non-profit membership organization. I am an adult over 18 years of age and wish to participate in activities. I understand that even when reasonable precaution is taken, accidents sometime happen. Therefore, in exchange for the YMCA allowing me and my children to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to my (or my children's) participation in YMCA activities whether on or off the YMCA premises. I understand that this release includes claims based on negligence, action or inaction of the YMCA, its staff, directors, members and guests. I have read and voluntarily sign this authorization and release. I grant permission for each of my children noted above. The Wilkes-Barre Family YMCA reserves the right to photograph or film any member and use said pictures or files for any form of advertising or promotion as deemed appropriate.

**Membership Cancellation:** I understand that if I wish to terminate my membership or change my membership in any way, I must give 30 days written notice indicating my intent. Program memberships are non-refundable.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_

Membership Type: _____	Membership Expiration: _____	<input type="checkbox"/> Credit Card on File	<input type="checkbox"/> Verified	<b>Rev. 12/13</b>
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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Wilkes-Barre Family YMCA Membership Policy Statement

### CODE OF CONDUCT

The Wilkes-Barre Family YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, we expect individuals to act appropriately at all times when they are in our facility or participating in our programs.

We expect persons using the Wilkes-Barre Family 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.

*Prohibited actions specifically include but are not limited to:*

- Inappropriate attire; appropriate attire includes gym shorts, shirts, or sweat suits in the physical area, and regular swimsuits or clean shorts without frayed ends in the pool area.
- Angry or vulgar language, including swearing or name-calling.
- Physical contact with another person in any angry, threatening or offensive way.
- Any sexual activity or sexual contact with another person.
- Harassment or intimidation by words, gestures, body language or any menacing behavior.
- Theft or behavior that results in the destruction of property.
- Carrying any weapons or devices or objects that may be used as weapons.
- Using or possessing illegal substances or alcohol on YMCA property, in YMCA vehicles, or at YMCA sponsored programs.
- Loitering.
- Smoking. The YMCA and its property is a smoke-free environment.

The Wilkes-Barre Family YMCA reserves the right to deny access or membership to any person who has been accused or convicted of any sex-related crime; habitually or excessively uses illegal substances; has ever been convicted of any offense relating to the use, sale, possession, or transportation of illegal substances, or continuous or excessive use of alcohol.

Based on the recommendations from our national organization YMCA of the USA, and due to the fact that personal training services are offered by the our YMCA, **only Wilkes-Barre Family YMCA certified personal training staff members will be allowed to utilize YMCA facilities for personal training services, including and not limited to sports technique/agility training.**

If a member or guest believes a violation of this code has occurred, they should report the behavior to a YMCA staff member. The Wilkes-Barre Family YMCA staff members are eager to be of assistance; members and guests should not hesitate to notify a staff member if assistance is needed. In order to be able to carry out these policies, we ask that members and guests identify themselves to YMCA staff members when asked.

I have read and understand the terms and conditions. I agree to follow them:

X \_\_\_\_\_