



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CROSSROADS YMCA MEMBERSHIP Income-based Scholarship Guidelines

If you are unable to pay the full cost of our YMCA membership, you may apply for partial assistance based on your financial situation. When applying for our Income-based Scholarship, please complete the attached form and return it to the YMCA with all of the items listed below:

Effective as of July 1, 2010, a recent IRS Tax Return and the last two most recent paystubs must be submitted with this Income-based Scholarship Form. If receiving any additional form of assistance, copies of documentation must be provided. If unemployed AND not receiving any form of assistance, a wage transcript must be provided for proof of zero income. Applicants must be 18 years of age or older and file income taxes. Individuals under the age of 18 may not apply for Income based scholarships.

We will not process the request without this information.

Complete YMCA Application for Income-based Scholarship and return along with:

1. A copy of your most recent Federal 1040 tax returns (required).
2. Birth Certificate or Legal guardianship letter for any children NOT listed as dependent(s) on the Federal Tax Return.
3. Copies of your most recent **CONSECUTIVE pay stubs** from all working adults in the household or a termination letter from most recent employer.
4. A copy of Government Assistance checks or award letter. These items could include:
 - Unemployment-showing your weekly benefit amount awarded
 - Wage inquiry/weekly benefit paperwork from WorkOne (Unemployment office) is required for all adults not working that will be included in the membership.
 - Social Security-Award letter showing your awarded monthly benefit before taxes
 - Disability-Award letter showing your awarded monthly benefit before taxes
 - Food Stamps- ALL PAGES of the "Notice of Case Action" form sent to you by DHS. Generally this is several pages and includes the name of all members of your household, the income they used to qualify you, and the number of people that live in your household.
5. Child support income: Court order showing the amount you are to receive. If not court ordered, briefly explain and document your arrangement with the other parent.
6. Proof of full time student status for ANYONE in the household attending college. Class schedule showing your credit hours.
7. **NO PROGRAM FEE OR MEMBERSHIP WILL BE WAIVED IN FULL.** The Crossroads YMCA will use a combination of partial cash payment and waiver of fees. The entire process takes approximately two weeks and the agreement will be reviewed as necessary to assure that the program is meeting the needs of both the YMCA and your family.
8. All memberships are granted for no more than one (1) year. You must reapply with updated information before your anniversary date to continue receiving assistance.

You must provide the required documentation to verify your need for income based scholarships. This application will not be processed without proper and complete documentation. **IF FINANCIAL PAPERS ARE NOT AVAILABLE, PLEASE PROVIDE WRITTEN DOCUMENTATION AS TO WHY THEY ARE NOT AVAILABLE.**

The application process takes one (1) to two (2) weeks after all paperwork is returned. Member Services will contact you at which time you will have three (3) months to come in and complete the membership application process.

GRIFFITH FAMILY YMCA
201 N. Griffith Blvd.
Griffith, IN 46319
P 219 750 1082

HAMMOND FAMILY YMCA
7322 Southeastern Ave.
Hammond, IN 46324
P 219 845 1507

SOUTHLAKE FAMILLY YMCA
1450 S Court St.
Crown Point IN 46307
P 219 663 5810

WHITING FAMILY YMCA
1938 S Clark St.
Whiting, IN 46394
P 219 370 5091



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CROSSROADS YMCA, INC.

Process and Instructions:

The purpose of the Income-based Scholarship Program is to provide all members of the community access to the Crossroads YMCA programs and services. In accordance with the national mission: "No person shall be denied participation because of race, creed, gender, or the ability to pay." This program will enable the YMCA to serve participants in need of income based scholarships.

In order to qualify for assistance, the following information must be completed and documented:

GROSS FAMILY INCOME:

	Requester #1	How often Received	Other Earned #2	How often received
Current Tax Return	\$ _____	_____	\$ _____	_____

Government assistance:

Food Stamps	\$ _____	_____	\$ _____	_____
AFDC/SSA/SSI	\$ _____	_____	\$ _____	_____
Unemployment	\$ _____	_____	\$ _____	_____
Child Support	\$ _____	_____	\$ _____	_____
Alimony	\$ _____	_____	\$ _____	_____
Retirement/Pension	\$ _____	_____	\$ _____	_____
Other extenuating circumstances	\$ _____	_____	\$ _____	_____

****For reporting purposes only (Optional)**

Nationality Please check
<input type="checkbox"/> African American
<input type="checkbox"/> Asian
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Pacific/Islander
<input type="checkbox"/> Other _____

Household Income Please check
<input type="checkbox"/> <\$15,000
<input type="checkbox"/> \$15,001-29,999
<input type="checkbox"/> \$30,000-44,999
<input type="checkbox"/> \$45,000-59,999
<input type="checkbox"/> \$60,000-74,999
<input type="checkbox"/> \$75,000+

For Office Use Only
Total Gross Income \$ _____
For Year _____
Total in H/Hold _____
Approved for _____ % Monthly Rate \$ _____
Approved On _____ Joined on _____
Approved By _____
Membership# _____ Receipt # _____
Staff Initial _____

I verify that all of the above information is complete and accurate to the best of my knowledge. I give permission to the Crossroads YMCA and the branch to check any of the above information as necessary; knowing that they will respect the confidentiality of this request.

I understand that no program fees will be waived in full. I expect to pay an affordable commitment. This agreement will also be reviewed as necessary to ensure that it is meeting both the needs of the YMCA and my family.

Signature _____ Date _____



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CROSSROADS YMCA, INC.

Income-based Scholarship Application

Fill out and submit with a copy of most recent IRS tax return. See Income-based scholarship guidelines for other information needed. Applicant must be 18 years of age or older & file income

First Name _____ M.I. _____ Last Name _____

Gender (M or F) _____ Birth date ____/____/____ Marital Status _____
(single, married, divorced, separated)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Other Phone _____ E-Mail _____

Employer _____ Phone _____

Emergency Contact _____ Phone _____ Relation _____

Spouse or (Parent if under 18) Name _____

Gender (M or F) _____ Birth date ____/____/____

Branch: Griffith Hammond
 Southlake Whiting

Membership Type: Adult Family Young Adult

LIST ALL PERSONS LIVING IN THE HOUSEHOLD. *Check all children requesting participation in the Before & After School Program or Day Camp Programs:

Name (First/Last)	Relationship	Sex	Birth date	Age	<input checked="" type="checkbox"/>

Desired Membership Type Adult Family

Have you ever applied for Assistance form the Crossroads YMCA before this date?

Yes No - if Yes Which Branch? _____ What Assistance? _____

Are you interested in Volunteering Yes No - if Yes _____
Name _____ Number _____



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RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION FOR PROGRAMS AND ACTIVITIES of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in and off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, immediately upon entering or participating inspected and carefully considered such premises and facilities or the affiliated programs. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Family YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any programs affiliated with the Family YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Signature _____ Date _____
(Applicant)

Signature _____ Date _____

Signature(s) are required to receive your membership key card



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Crossroads YMCA Addendum to Membership Agreement

Bank drafts are withdrawn on the first (1st) or fifteenth (15th) of every month; therefore a **Cancellation form MUST be completed in writing by the 1th of every month for the 15th draft to be effective by the next draft date. Draft date for the first of the month must be completed by the 15th of the prior month.** If filled out later than the 1st or 15th of the month, draft(s) will be cancelled the following month.

Bank drafts come out on the first (1st) or fifteenth (15th) of every month when the draft is a Saturday/Sunday or Holiday it may draft up to two days before or after the draft date.

The following is our return policy.

- In the event an "ACH" item, debit card or credit card draft is returned due to non-sufficient funds or inactive account, eCashflow (name of vendor) will electronically attempt to collect the funds **(2) two additional but separate times.**
- eCashflow (name of vendor) will charge a fee of \$20.00 for the original non-sufficient fund draft. The YMCA is not receiving these funds nor has the ability to reduce or remove the fee.
- eCashflow (name of vendor) will not charge fees for lost, stolen or expired debit and credit cards.
- eCashflow's (name of vendor) name and phone # will be listed on your bank account in cases you have questions and wish to speak to someone.
- eCashflow (name of vendor) will attempt to collect the funds up to 30 calendar days from the day of the original draft day.
- The Crossroads YMCA will not be responsible for any additional charges you may incur from your banking institution due to having insufficient funds in your account.

If you change your bank information for any reason it is your responsibility as a member to update your information at the service desk. Anyone that falls behind in making payments on monthly dues for more than **15 business days** may have their **membership cancelled**. You will not be able to use the Y for any reason and will be held responsible for any outstanding balance owed.

During August there will be a facility improvement week, the YMCA will remain open during this time although some areas in the building may be closed. Our App and website will keep you updated during this time.

I hereby grant permission for the staff of the YMCA to take whatever steps necessary to obtain medical care for my child if warranted. These steps include the following: (1) To administer First Aid; (2) To contact parent/guardian or person listed on emergency contact. If necessary, an ambulance will be called to transport the child to an emergency medical center. I understand that I will be held responsible for all medical/ambulance charges. _____ **Initial**

Photo/Website/Facebook Release:

For my participation in activities to be conducted by the Crossroads YMCA, Inc., I hereby give my permission and consent, now and for all time, to Crossroads YMCA, Inc. to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my children. I understand that my experience within said activities may be used for advertising in Crossroads YMCA, brochure, Facebook account or Website without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, any minor if identified will only be by first name or Initial only.

- Any video film, recordings, and photo reproductions of me and/or my family experience during said activities, I authorize, according to this Release, shall belong to Crossroads YMCA therefore, we will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my family.
- Crossroads YMCA, Inc. and collaborating third parties shall not be liable for any use or disclosure to a third party of any video film, footage, recordings and photo reproductions of me and/or families account of our experience.
- I agree that I am 18 years of age or older and my consent and this release are irrevocable. I hereby release and discharge Crossroads YMCA and collaborating third parties from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my families' narrative account of our experience as described herein.

The above membership terms have been explained thoroughly to me and my signature is my acceptance that I fully understand them and will abide by them.

Signature: 18 years or older, youth memberships must be signed by parent/guardian.

(Date)