GREATER WYOMING VALLEY AREA YMCA

FINANCIAL ASSISTANCE APPLICATION

Please bring this application, along with your documents, to your YMCA for assistance.

Providing Access for ALL

The Greater Wyoming Valley Area YMCA is dedicated to providing all individuals and families 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 allocated funds from donations and grants the YMCA receives yearly. We do this because it is our commitment to serve all people - regardless of age, race, gender, sex, orientation, ethnicity, ability, or socio-economic status. At the "Y", we pride ourselves on being inclusive to all - including you!

Financial Aid recipients will be responsible for a portion of their dues, which will be reviewed annually, in order for the YMCA to be able to assist more of the surrounding community. Although we send yearly reminders at the end of your financial aid year, it is the member/participant's responsibility to reapply yearly for financial aid assistance.

Financial Aid is awarded based on a sliding scale and is approved on an individual basis. No two applications are the same, and all circumstances are taken into account when being awarded assistance. The sliding scale takes into account household income, individuals living in the household, and extenuating circumstances. After submission of the application, please allow 10-15 business days for processing and verification.

Completion of this application does not guarantee being granted any financial aid assistance from the Greater Wyoming Valley Area YMCA, it is designed to ensure a fair distribution of the resources throughout the Luzerne County community. This application requires income verification for all individuals receiving income within the household regardless of intent to join the YMCA. The information submitted to the Greater Wyoming Valley Area YMCA will remain confidential to the highest degree possible and only shared with persons who have a legitimate business reason to access such information. All information provided will be secured and never released without consent.

Income Verification Requirements

proof of residency required

Tax Forms

◯ Copy of 1040 tax forms of all incomes / individuals within the household

We are providing _____ 1040 forms to GWVYMCA as proof of income for Financial Aid Assistance.

OR

Other Documents

All income claimed on the following page MUST be able to be verified through an official document, such as:

- ☐ Last 2 paychecks/W2
- ☐ Social Security Income (official letter required)
- ☐ VA Benefits Letter
- ☐ Child Support
- ☐ WIC / SNAP
- ☐ State Assistance
- ☐ Unemployment
- ☐ Pension
- ☐ Spousal Support

* Returning your FA packet without all documents may delay processing time*

Waiver of Liability and Indemnity and Release Agreement

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in Greater Wyoming Valley Area YMCA Programs, now or at any time in the future.

ACKNOWLEDGMENT OF RISK
I hereby acknowledge and agree that participation in activities at the Greater Wyoming Valley Area YMCA comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation at the Greater Wyoming Valley Area YMCA and that said list in no way limits the operation of this Agreement.

CORONAVIRUS / COVID-19 WARNING & DISCLAIMER
Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Greater Wyoming Valley Area YMCA programs or accessing Greater Wyoming Valley Area YMCA facilities could increase the risk of contracting COVID-19. Greater Wyoming Valley Area YMCA in no way warrants that COVID-19 infection will not occur through participation in Greater Wyoming Valley Area YMCA programs of accessing Greater Wyoming Valley Area YMCA facilities.

WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE
In consideration of my participation at the Greater Wyoming Valley Area YMCA, I the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO Greater Wyoming Valley Area YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Greater Wyoming Valley Area YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Greater Wyoming Valley Area YMCA facilities/equipment or participation in Greater Wyoming Valley Area YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation in Greater Wyoming Valley Area YMCA, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my Greater Wyoming Valley Area YMCA participation.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in Greater Wyoming Valley Area YMCA participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in Greater Wyoming Valley Area YMCA and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in the Greater Wyoming Valley Area YMCA.

PHOTO RELEASE AGREEMENT
I grant to YMCA the right to take photographs of me and my family, its assignments and transferees to use and publish the same in print and/or electronically. I agree that YMCA may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

SEX OFFENDER REGISTRY SCREENING NOTICE
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.

Acknowledgement

In consideration of acceptance of my membership at the Greater Wyoming Valley Area YMCA, I, and all other parties of my membership, intend to be legally bound hereby , waive and release for myself, heirs, executors, administrators, and all others in association to me any and all rights given. I also certify that I have read the Membership Policies and Member Code of Conduct and that they have been provided to me from the membership desk, as well as the Photo Waiver, Sex Offender Registry Screening Notice, and Waiver of Liability and Release Form attached to this document above.

I further certify that I am of lawful age and otherwise legally competent to sign this agreement and acknowledge that the terms of this document and agreements are legally binding and certify that I am signing this agreement of my own free will after having read this agreement it its entirety.

Print Name _____ Sign Name _____ Date _____

Financial Assistance Application

Please fill out the application below in its entirety, with legible and clear print. Once filled out, please remember to bring / attach all supporting documents to begin your FA processing.

Which branch are you applying for:

❑ Wilkes-Barre Family ❑ Greater Pittston ❑ Greater Hazleton

Are you an active / current member of the GWVAYMCA? ❑ Yes ❑ No

Application for assistance is for: ❑ Membership ❑ Program (_____)

* If applying for Financial Assistance for childcare or camp, please contact the Childcare Director of that specific location directly to get the most up to date information and requirements for qualification *

Who are you applying for: (select all that apply)

❑ myself ❑ family ❑ other

Head of Household Information: *required information

*First Name:_____ *Last Name:_____

*Street Address:_____ *City:_____

*State:_____ *Zip:_____

*Email address:_____ *Phone:_____

*Date of Birth: _____/_____/_____ Age:_____

Occupation:_____ Employer:_____

Date of Employment:_____ Work Phone:_____

Individuals living in the household:

Name:_____ Age:_____ D.O.B:_____/_____/_____
Name:_____ Age:_____ D.O.B:_____/_____/_____
Name:_____ Age:_____ D.O.B:_____/_____/_____
Name:_____ Age:_____ D.O.B:_____/_____/_____
Name:_____ Age:_____ D.O.B:_____/_____/_____
Name:_____ Age:_____ D.O.B:_____/_____/_____
Name:_____ Age:_____ D.O.B:_____/_____/_____
Name:_____ Age:_____ D.O.B:_____/_____/_____

Total number of persons residing in the household:

A. Total number of Adults: _____
B. Total number of Children:_____
C. Total number of Persons (A+B):_____

I certify that the information provided above is correct and accurate to the best of my knowledge.
Initials:_____ Date:_____

What should we know about your circumstances as we process your request?

_____

_____

_____

_____

Please complete all pages before returning this document.

Monthly Income

Proof of entire household income must be provided, your application will not be processed without it.

If you are a full-time student, please attach proof of enrollment. (Household income refers to income before deductions. Total household income is income from all members of a household from the following sources: wages, unemployment, workers compensation, veterans benefits, social security income (SSI), disability insurance, public assistance, alimony, foster care benefits, child support, and other cash income that would be considered "taxable income" by the federal government.)

Source	Monthly Amount	Source	Monthly Amount
1._____	|$_____	5._____	|$_____
2._____	|$_____	6._____	|$_____
3._____	|$_____	7._____	|$_____
4._____	|$_____	8._____	|$_____

Total Income

Total Gross Monthly Income: $_____

Staff Only
Annual Income

$_____ X 12 = $_____

I hereby declare that the information provided is accurate and agree to supply additional information if requested. I understand that falsification of information submitted will result in discontinuation of services provided and could require repayment of full fees. I authorize the Greater Wyoming valley Area YMCA to verify the above information. All information provided herein will be kept confidential.

I also certify that I am aware that if I, or my family, am granted Financial Assistance, that the assistance is only valid for one calendar year from the start date. I understand that if at any point I cancel / terminate my membership within my Granted Year, I waive my ability to rejoin the WVYMCA at my granted Assistance Rate in the future and will have to reapply for Financial Assistance again.

Print Name_____ Sign_____Date _____/_____/_____

Staff Usage Only

Date Application was turned in: _____/_____/_____ Staff Initials _____
Date Application started processing: _____/_____/_____ Director Initials _____

All Documents Received? YES / NO Applicant Contacted if NO? Y / N Date:__/__/__

Applicant Eligible? Y / N

Monthly Income: _____ Join Fee Discount:_____% Prgm Discount:_____%
Annual Income: _____ Membership Discount:_____% 3 / 6 / 12 Months

Other Notes:

_____
_____
_____

Date Approved:_____/_____/_____ Date Contacted: _____/_____/_____ email / mail

Director Signature:_____ Date:_____
Director Signature:_____ Date:_____

Please complete all pages before returning this document.