



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

People Helping People Scholarship Application

Let Us Help! Thank you for your interest in BFYMCA financial assistance. We offer financial assistance to individuals and families who are not able to pay full fees for Y memberships and/or programs.

To apply for financial assistance, please bring the following information to the Welcome Center at any Berkshire Family YMCA branch location:

1. Completed financial assistance application packet, including photocopies of requested documentation.
2. \$25 non-refundable processing fee (waived for renewing financial aid recipients in good standing).

Please mark out all social security numbers, tax ID numbers and/ or credit card numbers before submitting any paperwork.

Bring all completed forms and photocopies of necessary paperwork to the Y. Be sure to include all the needed items, paperwork, and signatures as incomplete financial aid packets will not be accepted.

You will be contacted within two weeks regarding your qualification and next steps.

While we're processing your application, those applying for membership assistance can enjoy a two-week trial membership allowing you the same great benefits our members use each day. The Membership Agreement and Waiver of Liability located at bfymca.org/formstosign must be signed by all members of the household to activate the membership.

We look forward to serving you.

BERKSHIRE FAMILY YMCA: www.bfymca.org

Pittsfield (Corporate Office): 292 North Street, Pittsfield, MA 01201 **P:** 413-499-7650 **F (All Locations):** 888-965-0663

Northern Berkshire: 22 Brickyard Court, North Adams, MA 01247 **P:** 413-663-6529

Bennington Recreation Center: 655 Gage Street Bennington, VT 05201 **P:** 802-442-1053



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- Scholarship Renewal First Time Applying for Scholarship
 I'm applying for: Membership Child Care Camp Supervised Visits

HOUSEHOLD MEMBERS TO INCLUDE ON MEMBERSHIP

Total Number of Individuals on Membership: _____ Individuals listed below must match names included on completed Membership Application. For those 18+ years old, please sign and date next to your name acknowledging that you have read the **YMCA Right and Agreements included in this packet.**

TEEN/YOUNG ADULT/ADULT/SENIOR (18+yrs)

FIRST NAME	LAST NAME	D.O.B.	*SIGNATURE/DATE
FIRST NAME	LAST NAME	D.O.B.	*SIGNATURE/DATE
FIRST NAME	LAST NAME	D.O.B.	*SIGNATURE/DATE
FIRST NAME	LAST NAME	D.O.B.	*SIGNATURE/DATE

YOUTH/TEEN (6mths-17yrs)

FIRST NAME	LAST NAME	D.O.B.
FIRST NAME	LAST NAME	D.O.B.
FIRST NAME	LAST NAME	D.O.B.
FIRST NAME	LAST NAME	D.O.B.

Each individual 20+ years old on application turn in photocopies (originals not accepted) of the following:

- Required: All YMCA balances paid off**
- Required: Details of Household Income form (below)**
- Required: Most recent tax return** (Form 1040 pages 1 & 2 only; or 1040EZ), or **Verification of non-filing from IRS** if you did not file. Please call 1-800-829-3676 for a non-filing verification letter.
 - o Note: if you receive Security Income (SSI), then verification from IRS is **NOT** required.
- Required (if employed): Paycheck stubs** from the most recent one month or letter from your employer verifying your employment and stating your annual salary.
 - o If you are unemployed, draw social security or a full-time student; please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.
- Required: RENEWAL APPLICATIONS**
 - o **ALL** renewals must provide a letter/story to be shared at our discretion about how the People Helping People Scholarship has benefited you and your family. (Note: First names only will be identified. We understand the importance of your privacy. Fictitious names may replace your real first names, if necessary.)
- If applicable: Documentation of any other income** such as SSI, SSDI, Unemployment, pension, Social Security Benefits, child support, student loans, food stamps, etc.
- If applicable: Layoff notice** from employer, **note** from case manager or transition house, etc.

INCOME FOR INDIVIDUALS 20+ (include on separate sheet if more than four in household)

Income Category	HOUSEHOLD 1	HOUSEHOLD 2	HOUSEHOLD 3	HOUSEHOLD 4
Wages, Salaries, Tips				
Unemployment Compensation				
Supplemental Security (SSI), Disability (SSDI), and/or Social Security Income Total				
Child Support and/or Alimony Total				
Food Stamps				
401K/403B/Retirement Funds/Investment Income				
Other				
Total Monthly Income				



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*YMCA Right and Agreements

- I understand that my Financial Assistance is granted for **ONE YEAR**. Upon expiration, the recipient must reapply with current and updated information, including the financial aid packet.
- I understand that all renewals must provide a letter/story to be shared at our discretion about how the People Helping People Scholarship has benefited me and/or my family. (Note: First names only will be identified. We understand the importance of your privacy. Fictitious names may replace your real first names, if necessary.)
- I understand that if my Financial Assistance is revoked or expires, my monthly membership will cancel until I reapply.
- I understand that some programs are excluded from financial assistance including Personal Training, Private Swim Lessons, Specialty Camp, and Kids Night Out. Exclusions are at the discretion of the Y and may include programs not listed.
- I understand that I will be contacted via phone, email, or mail upon approval of my application. I understand that I have 60 days from the notification date to redeem the offer. The Y membership or program fee is not activated at the approved award level without your approval/acceptance of the reduced rate.
- I understand that my application must include all required supporting documents and the processing fee (if applicable) to be considered.
- I understand that assistance is granted based on financial need. We consider total household income and number of legal dependents as the primary criteria. Financial assistance is based on a sliding scale which aligns with other state and federal guidelines.
- I understand that only one discount may be applied. For example, a senior age 62 and older who qualifies for financial aid will need to choose whether to apply the financial aid award discount or the senior discount. Both may not be applied.
- I certify the above information is true/complete to the best of my knowledge and I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand scholarship assistance is based on need. In the event I or my children must cancel our participation, I will contact the Y immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.
- I agree to notify the YMCA if my financial status should change.
- I understand that registered sexual offenders are not permitted in the YMCA or eligible for YMCA services.
- I understand that all active members, including minors, must have a signed Membership Agreement and Waiver of Liability on file.

Primary Applicant Signature: _____ **DATE:** _____



BERKSHIRE FAMILY YMCA | bfymca.org MEMBERSHIP APPLICATION

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PRIMARY or ACTIVE MEMBER

FIRST NAME (LEGAL)	M.I.	LAST NAME (LEGAL)	SUFFIX
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PRIMARY or ACTIVE MEMBER PERSONAL INFORMATION

GENDER <input type="checkbox"/> MALE (M) <input type="checkbox"/> FEMALE (F)	D.O.B.	AGE	RACE <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other <input type="checkbox"/> Unspecified
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PRIMARY or ACTIVE MEMBER CONTACT INFORMATION

>IF PRIMARY or ACTIVE MEMBER IS UNDER 18 YEARS OLD, PROVIDE LEGAL GUARDIAN CONTACT INFORMATION

HOME ADDRESS LINE 1	HOME ADDRESS LINE 2	CITY	STATE & ZIP
HOME PHONE (INCLUDE AREA CODE)	CELL PHONE (INCLUDE AREA CODE)	EMAIL ADDRESS	
EMPLOYER		BUSINESS PHONE	
EMERGENCY CONTACT		EMERGENCY CONTACT PHONE	
EMERGENCY CONTACT RELATION TO PRIMARY/ACTIVE MEMBER <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Dependent <input type="checkbox"/> Friend <input type="checkbox"/> Other			

>IF PRIMARY or ACTIVE MEMBER IS UNDER 18 YEARS OLD, PROVIDE LEGAL GUARDIAN PERSONAL INFORMATION

LEGAL GUARDIAN FIRST NAME	LEGAL GUARDIAN LAST NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O	D.O.B.	AGE
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OTHER HOUSEHOLD MEMBERS TO INCLUDE ON MEMBERSHIP

YOUNG ADULT/ADULT/SENIOR (20+yrs)

FIRST NAME (LEGAL)	LAST NAME (LEGAL)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B.	AGE
FIRST NAME (LEGAL)	LAST NAME (LEGAL)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B.	AGE
FIRST NAME (LEGAL)	LAST NAME (LEGAL)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B.	AGE
FIRST NAME (LEGAL)	LAST NAME (LEGAL)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B.	AGE

YOUTH/TEEN (6mths-19yrs)

FIRST NAME (LEGAL)	LAST NAME (LEGAL)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B.	AGE
FIRST NAME (LEGAL)	LAST NAME (LEGAL)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B.	AGE
FIRST NAME (LEGAL)	LAST NAME (LEGAL)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B.	AGE

AMENITIES & EXTRAS

<input type="checkbox"/> Locker Rental (\$5/month)
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Visit bfymca.org/formstosign, then click the link associated with your HOME BRANCH to review, sign and submit the Membership Agreement and Waiver of Liability forms required to participate in Berkshire Family YMCA membership and program activities within or outside of our facilities. Each adult and each minor must have a signed copy on file.

The Y is a nonprofit organization that relies on volunteer support to drive our mission forward. Is anyone in the household interested in volunteering in our sports programs or special events? **Circle One: YES NO**

Please list their names below:



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Automatic Payment Authorization

BFYMCA Branch: Pittsfield Northern Berkshire Bennington

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

I authorize my bank or credit card institution to honor Electronic Funds Transfers or credit card charges against my account for membership/childcare/programs/contributions payments as indicated below. When the bank or credit card institution honors the EFT transfer or credit card charge by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT transfer or credit card charge not be honored by said bank or credit card institution when received by the Y, then it is understood that the payment is to be made by me in the amount of said payment plus applicable service charges. It is further understood that if such payment is not honored by the bank or credit card institution, then the Y, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the EFT option for monthly (for membership) or weekly (for childcare/camp) payments from my: Checking Savings account.

Bank Name: _____

Name on Account: _____

Routing/Transit Number: _____

Account Number: _____

Authorized Signature: _____ Date: _____

I choose to utilize the credit card payment option for monthly (for membership) or weekly (for childcare/camp) payments from my: Visa Mastercard AMEX Discover

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

Authorized Signature: _____ Date: _____

Non-Sufficient Funds Procedure: If your check/ACH draft is returned unpaid, it will be collected electronically and you will be assessed a minimum fee of \$25 (or the maximum amount allowed by law). Check writer is also responsible for all other collection costs.

I, _____, agree to be charged \$ _____ each (choose one) month or week. Membership payments are debited on the (choose one) 1st or 15th of month. Childcare payments are debited each Monday morning. The payment will be charged to the method stated above.

Signature

Date

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REV 8/5/21