



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

People Helping People Scholarship Application

Let Us Help! Thank you for your interest in YMCA 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 either Berkshire Family YMCA branch location:

1. Completed financial assistance application, including photocopies of requested documentation.
2. Completed membership application.
3. \$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 YMCA. Be sure to include all of 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. 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:** 888-965-0663

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



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People Helping People Scholarship Application

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

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 on the reverse of this page.**

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 18+ 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 18+ (include on separate sheet if more than four in household)

Income Category	MEMBER #1	MEMBER #2	MEMBER #3	MEMBER #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 YMCA 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.
- 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 on the basis of 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 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 YMCA 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.

YMCA Staff to Complete: Application Submission Date _____

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MEMBERSHIP APPLICATION

BRANCH LOCATION: Pittsfield Northern Berkshire
MEMBERSHIP TYPE: Youth (6mths-12yrs) Teen (13-19yrs) Young Adult (20-24yrs)
 Adult (25-61yrs) 1 Adult Family 2 Adult Family 3 Adult Family 4 Adult Family
 Senior (62+yrs) Senior Couple Senior Family Senior Center Pittsfield Senior Center Couple

PRIMARY or ACTIVE MEMBER

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

GENDER <input type="checkbox"/> MALE (M) <input type="checkbox"/> FEMALE (F) <input type="checkbox"/> OTHER (O)	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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HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Drive by/Live in area <input type="checkbox"/> Experience with the Y <input type="checkbox"/> Direct Mail <input type="checkbox"/> Email <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine
<input type="checkbox"/> Place of employment <input type="checkbox"/> Member <input type="checkbox"/> Friend/Family <input type="checkbox"/> Medical referral <input type="checkbox"/> Buddy Up Initiative

HOUSEHOLD INCOME

<input type="checkbox"/> \$0-\$13,999 <input type="checkbox"/> \$14,000-\$24,999 <input type="checkbox"/> \$25,000-\$39,999 <input type="checkbox"/> \$40,000-\$54,999 <input type="checkbox"/> \$55,000-\$74,999 <input type="checkbox"/> \$75,000 and over
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AREAS OF INTEREST

<input type="checkbox"/> Aerobics - Group Ex. <input type="checkbox"/> Aquatics <input type="checkbox"/> Child Care <input type="checkbox"/> Family Recreation <input type="checkbox"/> Golf <input type="checkbox"/> Parent - Child Programs <input type="checkbox"/> Senior Programs <input type="checkbox"/> Social Activities <input type="checkbox"/> Cycling
<input type="checkbox"/> Sports <input type="checkbox"/> Strength Training <input type="checkbox"/> Summer Camp <input type="checkbox"/> Teen Activities <input type="checkbox"/> Other

VOLUNTEER OPPORTUNITIES

<input type="checkbox"/> Administrative <input type="checkbox"/> Board Member <input type="checkbox"/> Coaching <input type="checkbox"/> Facilities <input type="checkbox"/> Fundraising <input type="checkbox"/> Golf Tournament <input type="checkbox"/> Special Events <input type="checkbox"/> Summer Camp
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OTHER HOUSEHOLD MEMBERS TO INCLUDE ON MEMBERSHIP

TEEN/YOUNG ADULT/ADULT/SENIOR (18+yrs) *By signing, I agree to the Release and Waiver of Liability & Membership Agreement on reverse.

FIRST NAME	LAST NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O	D.O.B.	AGE	*SIGNATURE/DATE
FIRST NAME	LAST NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O	D.O.B.	AGE	*SIGNATURE/DATE
FIRST NAME	LAST NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O	D.O.B.	AGE	*SIGNATURE/DATE
FIRST NAME	LAST NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O	D.O.B.	AGE	*SIGNATURE/DATE

YOUTH/TEEN (6mths-17yrs)

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

AMENITIES & EXTRAS

<input type="checkbox"/> Locker Rental (\$5/month) <input type="checkbox"/> Towel Service (\$7/month) <input type="checkbox"/> Pittsfield Men's Health Center Steam Room & Towels (\$24/month)
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Note: Parent or guardian must sign if applicant is under 18 years of age. Financial scholarships are available to those who qualify. Some health insurance will reimburse membership dues. Childcare and elementary school-age participants receive complimentary memberships. Please provide payment authorization information on reverse.

*By signing, I agree to the Release and Waiver of Liability & Membership Agreement on reverse.

PRIMARY/LEGAL GUARDIAN SIGNATURE DATE

AUTOMATIC PAYMENT AUTHORIZATION

I authorize my bank or credit card institution to honor preauthorized Automatic Payments against my account for (membership/program/contribution) as indicated below, otherwise known as Electronic Funds Transfer (EFT). When the bank or credit card honors the fee to my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized automatic payment not be honored by said bank or credit card when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank or credit card, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I choose the monthly payment to draft on the 1ST 15TH **of each month.**

I choose to preauthorize my bank to pay my monthly fee CHECKING SAVINGS

NAME ON ACCOUNT

BANK NAME

ROUTING/TRANSIT NUMBER

ACCOUNT NUMBER

AUTHORIZED SIGNATURE

DATE

I choose to preauthorize my credit card institution to pay my monthly fee

VISA MASTERCARD AMEX DISCOVER

CARD HOLDER NAME

ACCOUNT NUMBER

EXPIRATION DATE

AUTHORIZED SIGNATURE

DATE

NSF: If your check/EFT 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 responsible for all other collection costs.

DONATE FOR A BETTER US. We can't do it alone.

The Y is now ... as it has always been ... a place of possibility and promise for all. Unfortunately, in times when the true power of "us" is unknown to many and our bonds are fraying, we must do even more to enhance our human connections. That's why the Y passionately focuses on strengthening communities. Every dollar donated to the Berkshire Family YMCA has a lasting impact on you and your neighbors in Berkshire County. Together we make a difference.

I choose to make a donation ONE-TIME MONTHLY DRAFT NOT AT THIS TIME **Amount: \$ _____**

Apply my gift to BERKSHIRE FAMILY YMCA PITTSFIELD BRANCH NORTHERN BERKSHIRE BRANCH

RELEASE AND WAIVER OF LIABILITY

I am an adult over 18 years of age and wish to participate in the Berkshire Family YMCA (the Y) membership/program activities. I also wish for my children or legal wards to participate and give them permission to participate in the YMCA activities. As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition to being permitted to utilize the facilities, services, and programs of the Y for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the Y, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in Y activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the Y, its sponsors, officers, employees, volunteers, or contractors as a result of participating in Y activities or using its facilities. I further agree to indemnify the Y against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it.

I understand that the Y is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

I give my permission to the Y to use without limitation or obligation, photographs, film footage, or tape recordings which may include me or my children's image or voice for the purposes of promotion or interpreting YMCA programs.

YMCA Nationwide Membership Program: By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

SORI: 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.

MEMBERSHIP AGREEMENT

If my membership dues are paid through Automatic Payments from my credit card or bank, I understand this is a continuous membership plan. This membership will remain in effect for as long as I retain the membership card issued to me.

It is my complete understanding that if I wish to terminate a continuous membership set up on a credit card draft or EFT or change my membership in any way, I must give the YMCA a 30-day written notice. All memberships paid in full at time of activation are not subject to a refund if the membership is terminated before its expiration date.

All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA of any change in contact information or account information if utilizing Automatic Payments for dues.

Membership cards are the property of the YMCA and must be surrendered upon demand.

The Join Fee is a one-time fee as long as you remain an active member of the Y. If you choose to cancel or discontinue your membership for more than 30 days, a Join Fee will be charged when you reapply for membership.

I understand that this agreement applies to my current and any future memberships with the Y.

I understand that the Berkshire Family YMCA will review all prospective members and guests against the Massachusetts Registry of Sex Offenders and prohibit membership or access to our Y's for individuals classified as Level 2 or 3 sex offenders. All new members and guests over the age of 18 must present a valid photo ID to use a Berkshire Family YMCA facility.

Visit bfymca.org for facility rules, policies, terms and conditions, etc.

REV 05.05.18