

#### John Roger's Memorial 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).

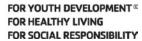
Please mark out all social security numbers, tax ID numbers and/ or credit card numbers before submitting any paperwork.

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.





## John Roger's Memorial Scholarship Application

☐ Sch	nolarship Renewal 🗀 First	t Time Applyir	ng for	Scholarship					
I'm ap	plying for: $\square$ Membership $\square$	Child Care	☐ Car	mp $\square$ Supervised	Visits				
	HOLD MEMBERS TO INCLUDE O	_							
	Number of Individuals on Mer ership Application. For those			Individuals listed					
	ership Application. For those ne <b>YMCA Right and Agree</b> r				next to your	name	e acknowledging	that you r	iave
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	equired: Most recent tax re				or 1040F7) (	or <b>Ve</b> i	rification of no	n-filing fr	om TRS
if	you did not file. Please call 1	-800-829-367	76 for	a non-filing verifi	cation letter.	, •			J 1113
0	Note: if you receive Secur								
	equired (if employed): Paycl			e most recent one	e month or le	tter f	rom your employ	er verifyin	g your
er	nployment and stating your If you are unemployed, dr			or a full-time stud	ent: nlease n	rovid	e a summary of	/OUR	
	nemployment benefits, SSI p	aperwork, or	financ	ial aid benefits ar	id student sc	hedul	e.	, oui	
□ <u>R</u> €	equired: RENEWAL APPLIC	ATIONS							
	LL renewals must provide a let								
	enefited you and your family. ( ctitious names may replace y				. We understa	ana tn	ie importance of y	our privacy	/.
	applicable: <b>Documentation</b>				SSDI, Unem	ployn	nent, pension, So	cial Secur	ity
	enefits, child support, studen								
	applicable: Layoff notice fr					on ho	ouse, etc.		
	E FOR INDIVIDUALS 20+ (includ	e on separate s	sneet ii						
	ome Category			HOUSEHOLD 1	HOUSEHOL	.D 2	HOUSEHOLD 3	HOUSE	HOLD 4
	es, Salaries, Tips								
	mployment Compensation								
Supplemental Security (SSI), Disability (SSDI), and/orSocial Security Income Total									
	Support and/or Alimony T								
		Otal							
	l Stamps								
401K/403B/Retirement Funds/Investment Income									
Othe	er								
Tota	l Monthly Income								





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#### **\*YMCA Right and Agreements**

	Agreement and Waiver of Liability on file.  Primary Applicant Signature:  DATE:	
	$\ \square$ I understand that all active members, including minors, must have a signed M	embership
	<ul> <li>I agree to notify the YMCA if my financial status should change.</li> <li>I understand that registered sexual offenders are not permitted in the YMCA o YMCA services.</li> </ul>	r eligible for
	information and documentation to support the above statements. I understand assistance is based on need. In the event I or my children must cancel our pawill contact the Y immediately so sponsorship can be provided to others. I undif I falsify any of the above information, I will not be eligible for assistance now the future.	rticipation, I lerstand that
	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 a have additional income not represented above. I agree, if necessary, to send a information and documentation to support the above statements. I understand	additional
	assistance is based on a sliding scale which aligns with other state and federal  I understand that only one discount may be applied. For example, a senior agolder who qualifies for financial aid will need to choose whether to apply the fi	guidelines. e 62 and
	processing fee (if applicable) to be considered.  I understand that assistance is granted based on financial need. We consider the household income and number of legal dependents as the primary criteria. Financial need.	
	your approval/acceptance of the reduced rate.  □ I understand that my application must include all required supporting docume	
	☐ I understand that I will be contacted via phone, email, or mail upon approval of application. I understand that I have 60 days from the notification date to redefine Y membership or program fee is not activated at the approved award level.	eem the offer.
	☐ I understand that some programs are excluded from financial assistance included Training, Private Swim Lessons, Specialty Camp, and Kids Night Out. Exclusion discretion of the Y and may include programs not listed.	
	☐ I understand that if my Financial Assistance is revoked or expires, my monthly membership will cancel until I reapply.	′
С	packet.  I understand that all renewals must provide a letter/story to be shared at our about how the People Helping People Scholarship has benefited me and/or my First names only will be identified. We understand the importance of your privacy. names may replace your real first names, if necessary.)	family. (Note:
	☐ I understand that my Financial Assistance is granted for <b>ONE YEAR.</b> Upon exprecipient must reapply with current and updated information, including the final	



# BERKSHIRE FAMILY YMCA | bfymca.org MEMBERSHIP APPLICATION

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING

BERKSHIRE FAMILY YMCA: www.bfymca.org

EMPLOYER BUSII			SUFFI		
GENDER  MALE (M)   FEMALE (F)  D.O.B.   AGE   RACE   RASian/Pacific Islander   Native American   Cauc   City   City   Cauc   Cauc   Cauc   Cauc   Cau					
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