



# Stephens Family YMCA

## Financial Assistance Program

### Overview and Commonly Asked Questions

Thank you for your interest in the Stephens Family YMCA where our mission is to put Christian principles into practice through programs that build healthy spirit, mind and body for all. In support of our mission, we offer a financial assistance program that lends support to families and individuals with low income and/or extenuating circumstances so they may have the opportunity to participate in membership and programs at the Y.

### How is financial assistance determined?

Financial assistance is an application-based process. Applications are available online at [www.sf-ymca.net](http://www.sf-ymca.net) or at our facility at 2501 Fields South Drive, Champaign.

Using a sliding scale based upon the Federal Poverty Guidelines, total annual household income and total household size, qualified applicants are eligible to participate in membership and programs at a reduced rate. Life and/or medically-altering "extenuating" circumstances may be considered.

### How long does the approval process take?

Only complete applications submitted to our Front Desk staff or mailed to our facility via US Mail will be processed. (Review "Required Documentation" section closely before submitting your application.) You will be notified via US Mail within 10-14 business days of our decision.

### Does financial assistance apply to the programs that the YMCA offers?

Yes, you may apply for program assistance or for membership assistance, not both.

### What is required of me once I receive financial assistance?

You will be required to follow all YMCA rules and abide by the YMCA code of conduct, to utilize the facility on a regular basis and commit to making all required membership or program payments on time. We reserve the right to consider inappropriate behavior, lack of on-time payments and facility usage in future application review. You are required to notify us in writing if your information/circumstances change over the course of the scholarship year (12 months). To terminate your scholarship, written notice must be received by the 13<sup>th</sup> of the month.

### How are funds provided?

As a non-profit organization, financial assistance funds are made available to the Y through a variety of contributions and proceeds including our annual fund campaign in support of developing strong kids and strong families.

For additional information related to our financial assistance program, go to [www.sf-ymca.net](http://www.sf-ymca.net)

***The Stephens Family YMCA will be a ray of hope in our community  
that inspires people to be better.***

# Stephens Family YMCA Financial Assistance Program

Select one (assistance for):  Membership  Program(s)

If applying for program assistance, list the program(s), the session date and who will be enrolled:

Membership type (select one):  
 Household/HH (2 adults + children)  
 Single Parent Family/SPF (1 adult + children)  
 2 Adult  1 Adult  Student (full-time, under age 23)

If applying for membership, you must also complete the membership application (last page of this form)

## Applicant Information

Applicant's Name (parent/guardian if applying for Student membership)	Date of Birth	Age
Street Address	City	State Zip Code
E-mail	Phone	Work Phone
Employer	Occupation	Length of Employment Full or Part Time Supervisor

## HOUSEHOLD INFORMATION

(A) Number of adults (18-older) living at the above address (including yourself)? \_\_\_\_\_

(B) Number of children? \_\_\_\_\_

Print name, date of birth and gender of **all adults and children living at the above address** (Total number = A+B above).

	DOB _____	M/F
	DOB _____	M/F
	DOB _____	M/F
	DOB _____	M/F
	DOB _____	M/F
	DOB _____	M/F

**Adults living in household also currently employed** - list their name, employer, supervisor and work phone. If no one else employed, must indicate "none" (do not leave blank). Must include and document *all* household income.

## REQUIRED DOCUMENTATION

In accordance with YMCA policy, NO application will be considered without required documentation of income attached for **all** household members (18-older). **Copies are provided by applicant and destroyed once application is processed.**

- \*Most recently filed Federal Income Tax Form 1040 or proof of non-filing status. NOTE: W-2 NOT accepted.
- Two recent pay stubs (per job).
- Proof of any and all other assistance or income received (SSI, SSID, Unemployment, Child support, etc.)
- Full-time class schedule (12 hours) required for applicants (age 18-23) on HH, SPF or Student membership.

\*Applicants that need to obtain a copy of their Federal Income Tax return or obtain verification of non-filing can do so by completing IRS Form 4506-T at [www.irs.gov](http://www.irs.gov) or (800) 829-1040.

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**TOTAL HOUSEHOLD MONTHLY ITEMIZED INCOME**

Stephens Family YMCA financial assistance is based upon the Federal Poverty Guidelines, household size (total number of individuals residing in household) and total annual gross household income (before deductions).

**Applicant is required to list all that apply to household:**

Applicant's total wages, salary and tips if employed	\$ _____ per month
Spouse/significant other total wages, salary and tips if employed	\$ _____ per month
Children (18-over) total wages, salary and tips if employed	\$ _____ per month
Unemployment Compensation	\$ _____ per month
Social Security Benefits	\$ _____ per month
Disability	\$ _____ per month
State or Township Subsidized Funding	\$ _____ per month
Retirement/Pensions	\$ _____ per month
Child Support	\$ _____ per month
Alimony	\$ _____ per month
Family Support	\$ _____ per month
Other (i.e. student loans, church support, etc.) explain _____	\$ _____ per month

**IMPORTANT: Income documentation must be provided as an attachment to this application.** If there is zero income or lack of required income documentation, your application will be returned immediately.

Extenuating (life or medically-altering) circumstances may be considered in our review. (Written explanation required.)

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The Stephens Family YMCA believes a strong sense of ownership and pride is developed when every member contributes to the cost of his/her YMCA involvement. What is the maximum family contribution you believe you can make toward your membership or program experience? \$ \_\_\_\_\_ per month

If you qualify to receive assistance, we may contact you to share how the financial assistance extended to you by the YMCA has impacted you and your family.

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I certify that the information provided herein is true and accurate and agree to supply additional information if requested. I acknowledge it is my responsibility to notify the YMCA in writing of any changes in information supplied in this application that might affect my eligibility for financial assistance. I understand that falsification of the information submitted will result in discontinuation of services provided and could result in repayment of full fees. I further understand that failure to comply with the Stephens Family YMCA policies can and may result in immediate termination of membership and/or program privileges.

Date \_\_\_\_\_

Signatures: Applicant \_\_\_\_\_ Spouse/Significant Other \_\_\_\_\_

**Application and supporting documentation will be kept CONFIDENTIAL.**

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For YMCA Staff use only: Date received \_\_\_\_\_ Annual income \_\_\_\_\_ Assistance % \_\_\_\_\_  
Monthly \$ \_\_\_\_\_ Annual \$ \_\_\_\_\_ Approved by/date: \_\_\_\_\_ DAXKO \_\_\_\_\_ SOL \_\_\_\_\_



# MEMBERSHIP APPLICATION

\_\_\_ Student \_\_\_ 1 Adult \_\_\_ 2 Adult \_\_\_ single Parent Family \_\_\_ Household

### PRIMARY ADULT CONTACT (Must be an adult)

Daxko Unit ID # \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F

RACE \_\_\_ American Indian \_\_\_ Asian \_\_\_ African - American \_\_\_ Hispanic or Latino \_\_\_ White \_\_\_ Other  
*(Requested only for the purpose of responding to grants)*

### ADDITIONAL FAMILY MEMBERS

2<sup>ND</sup> Adult Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F \_\_\_\_\_ RACE \_\_\_\_\_

Child #1 \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F \_\_\_\_\_ RACE \_\_\_\_\_

Child #2 \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F \_\_\_\_\_ RACE \_\_\_\_\_

Child #3 \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F \_\_\_\_\_ RACE \_\_\_\_\_

Child #4 \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F \_\_\_\_\_ RACE \_\_\_\_\_

Child #5 \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F \_\_\_\_\_ RACE \_\_\_\_\_

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### MEMBERSHIP PAYMENT OPTIONS:

**Annual Payments-** Annual payments may be made by cash, check or credit card (Visa, Master Card or Discover).

**Monthly Payments-** I authorize the following bank or credit card company to honor drafts drawn by the YMCA on my account for my monthly membership fees. Should my bank not honor any draft, I understand that the YMCA has the right to resubmit the draft including a \$25 service charge fee. Said payment and service charge will be submitted as an additional draft at any time following the notice of dishonoring the original draft. Additional rules may apply - please refer to our member handbook.

\_\_\_ PLEASE DRAFT MY MEMBERSHIP FEES FROM MY CHECK/SAVINGS ACCOUNT. \_\_\_ (Attach voided check or deposit slip)

\_\_\_ PLEASE DRAFT MY MEMBERSHIP FEES FROM MY CREDIT CARD. \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ DISCOVER \_\_\_ American Express  
Last Four Digits \_\_\_\_\_

**\*Written Notice with Signature must be received by the 13<sup>th</sup> day of the month to cancel/change an impending draft which occurs on the 14<sup>th</sup> of each month.**

**\*All new memberships are required to pay an administrative JOIN FEE.**

**\*The YMCA reserves the right to change membership fees with thirty (30) days written notice to members.**

**\*Annual Closure (1) week in August.**

I agree to abide by the rules and policies of the YMCA, including changes approved by its governing bodies in accordance with its Charter and By-Laws.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Name (please print)

## Stephens Family YMCA Policies:

- YMCA Member ID must be scanned or Photo ID is required for entry.
- The YMCA is a smoke-free facility in and around property.
- The YMCA does not allow cell phone or camera photos to be taken in any locker room.
- The YMCA is not responsible or liable for articles lost, damaged or stolen.
- Lost and Found is located near the maintenance office.
- The YMCA does not provide accident insurance for members or program participants. Each person participates at his or her own risk.
- Areas of the YMCA facility may be reserved or for adult use only. Please check with the Member Service Desk.
- Food/drinks are not allowed in locker rooms, gyms, pools or activity areas.
- Children under the age of 14 may not be upstairs. Children 12-14 may be upstairs if accompanied by a parent or trainer.
- We accept cash, MasterCard, Visa, Discover, American Express and personal checks as forms of payment.
- The YMCA does NOT issue any type of membership refund.
- Private and Semi-Private Swim Lessons expire 1 year from purchase date, no refunds.
- Membership fees are NOT contingent upon facility usage.
- Any credits owed to the member at the time of termination will be applied to accrued debt.
- Any balance due at the time of termination must be paid.
- There is a \$2 charge for replacement ID cards.
- Free App for your Smartphone: Stephens Family YMCA; you can upload your barcode there.
- Any changes to membership must be completed and turned in by the 13<sup>th</sup> day of the month in order to put your membership on Hold or Terminate the draft for the 14<sup>th</sup>.
- Guest Passes: policies and usage are subject to change at any time, authorized by administration.
- The building will be closed for one week in August of each year for maintenance.

Waiver: I understand the YMCA assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise, or any other activities or programs. I expressly acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my or my family's participation in these activities. I hereby release and discharge the YMCA, its agents, servants, and employees from any and all claims for injury, illnesses, death, loss, or damage which I or any member of my family may suffer as a result of my participation in these activities. I understand the YCMA is not responsible for personal property lost or stolen while members and/or guest members are using YMCA facilities or on YMCA premises. I give my permission to the YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my or my family's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

I, THE UNDERSIGNED, ACKNOWLEDGE THAT THE YMCA IS NOT RESPONSIBLE FOR THE ACTIONS OF ITS STAFF MEMBERS DURING TIME PERIODS WHEN THE STAFF IS NOT PERFORMING SUTIES SPECIFICALLY FOR THE YMCA.

### Program Participant Cancellations Policy

By the YMCA:

- Insufficient enrollment: Full Refund
- Registration for a class is received in the mail after the class has been filled: Full Refund

By the participant:

- Cancellation by member occurs before the start of the program: Full Refund
- Cancellation by members occurs after the start of the program session: No Refund