



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## People Helping People Scholarship Application

### THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Greater Lowell Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

### EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our **People Helping People Scholarship Program**, the Greater Lowell Family YMCA provides assistance to youth, adults, seniors and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship, YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

\*A People Helping People Scholarship reduces fees; it does not eliminate them.

\*All scholarships will be granted for 12 months.

\*The YMCA requires that individuals and families reapply annually, with updated documentation.

\*Fees are subject to change when you reapply.

\*If you miss two concurrent payments, your membership will be terminated. You may be responsible for outstanding balances.

GREATER LOWELL FAMILY YMCA  
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W [greaterlowellymca.org](http://greaterlowellymca.org)



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The Greater Lowell Family YMCA receives state funds through grants which require that we track the number of participants receiving the following subsidies. Information collected is **kept confidential and only statistical information is reported not personal information.**

Please check all that may apply to you.

| YES | NO |   |
|-----|----|---|
|     |    | Do you currently have a childcare voucher or EEC subsidy?   |
|     |    | On the waitlist for an EEC subsidy or for Head Start  |
|     |    | Transitional Aid to Families with Dependent Children (TAFDC)  |
|     |    | Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) Benefits   |
|     |    | Supplemental Nutrition Assistance Program (SNAP) or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |
|     |    | In Section 8 housing or on the waitlist for Section 8 housing subsidy   |
|     |    | Low Income Home Energy Assistance Program (LIHEAP)  |
|     |    | MassHealth / Medicaid and/or Children's Health Insurance Program (CHIP)   |
|     |    | Family claiming Earned Income Tax Credit  |
|     |    | Homeless Family   |



# GREATER LOWELL FAMILY YMCA

## Financial Assistance Application

This form must be completed in full and all of the following information **MUST BE INCLUDED** before processing will occur:

- 2 most recent paycheck stubs for everyone in your household
- Most recent income tax return (1040) for everyone in your household
- Proof of all public assistance or other income source for everyone in your household
- Proof of rent/mortgage payments, utility bills and any other expense listed on this form
- Completed membership application

### Personal Information (Please Print)

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male or Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Email \_\_\_\_\_

Number of ADULTS in household \_\_\_\_\_ Number of CHILDREN in household \_\_\_\_\_

#### Household Monthly Income

Income from Working \_\_\_\_\_

Social Security Benefits \_\_\_\_\_

Food Stamps/SNAP \_\_\_\_\_

Unemployment Benefits \_\_\_\_\_

Child Support/Alimony \_\_\_\_\_

Pension/Retirement \_\_\_\_\_

Other Income \_\_\_\_\_

**Total** \_\_\_\_\_

#### Household Monthly Expenses

Rent/Mortgage \_\_\_\_\_

Food \_\_\_\_\_

Childcare \_\_\_\_\_

Utilities \_\_\_\_\_

Car Payments \_\_\_\_\_

Medical \_\_\_\_\_

Other Expenses \_\_\_\_\_

**Total** \_\_\_\_\_

Please check **ALL** areas that you would like assistance for:

- ☐ Membership
- ☐ Youth Sports/Arts
- ☐ Aquatics
- ☐ Before/After School Childcare
- ☐ Preschool
- ☐ Lowell Kids Club (Summer Camp)
- ☐ Other \_\_\_\_\_

Have you received financial assistance before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what department? \_\_\_\_\_

Special Considerations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation in full and for all members of my household. I understand that this application expires annually and I must reapply as requested by the YMCA to continue receiving assistance.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Office Use Only

Membership F.A. % \_\_\_\_\_

Program F.A. % \_\_\_\_\_

Childcare F.A. % \_\_\_\_\_

Approved Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

Approved By \_\_\_\_\_



## Greater Lowell Family YMCA Financial Aid Membership Form

### Primary Member Information (Please print clearly)

Member ID \_\_\_\_\_

Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First LastAddress \_\_\_\_\_  
Street Apt/Floor# City/Town State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Number: (\_\_\_\_) \_\_\_\_\_

### Additional Members Information:

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

**The YMCA requires you to reapply annually with updated documentation. Payments can be billed monthly by invoice or by automatic payment withdrawal from a credit/debit card or checking account. If you wish to be billed by automatic payment withdrawal, please fill out the Automatic Payment Authorization section below.**

### Automatic Payment Authorization:

Name of responsible party on account (If different from above): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

| Monthly Payment Date                                   | Checking/Savings Account Information                   | Credit/Debit Card Information    |
|--|--|----------------------------------|
| <input type="checkbox"/> 1 <sup>st</sup> of the month  | <input type="checkbox"/> Savings Deposit Slip Attached | Mastercard Visa AmEx Discover    |
| <input type="checkbox"/> 15 <sup>th</sup> of the month | <input type="checkbox"/> Voided Check Attached         | Card Number Last 4 digits ____ _ |
|  | Monthly Payment Amount \$ _____                        | Cardholder Name: _____           |
|  |  | Card Expiration Date ____/____   |
|  |  | Monthly Payment Amount \$ _____  |

By signing this agreement, I authorize the Greater Lowell Family YMCA to draft from my bank account or credit/debit card my monthly membership dues. **Any changes (membership category, bank account information, membership hold/freezes, etc..) must be in writing. I understand that monthly membership dues will continue being drafted from my account until I submit a cancellation notice in writing. Cancellation/Hold notices must be submitted 14 days before the monthly payment date is scheduled.** When there are rate changes, the YMCA will provide a 30- day written notification to all EFT (Electronic Funds Transfer) members. If my EFT payment is not honored by my bank, I understand I am responsible to pay the monthly membership dues plus a \$25 service charge upon notification from the YMCA. I acknowledge that the authorization of ACH (automated Clearing House) transactions to an account must comply with the provisions of the U.S Law.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY/INDEMNITY AGREEMENT/PHOTO RELEASE

IN CONSIDERATION of gaining membership or being permitted to utilize the facilities, services, and programs of the YMCA (or for my children to so participate) for any purpose including but not limited to observation or use of facilities, equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, or next of kin hereby acknowledges, agrees, and represents that he or she has or immediately upon entering or participating will inspect and carefully consider such premises and facilities of the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities, equipment, or participation in such affiliated programs constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

#1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assignees, heirs, and next of kin for any loss or damage or any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or sickness or disease, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises, facilities, or equipment therein or participating in any program affiliated with the YMCA.

#2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, SAVE, AND HOLD HARMLESS the releases from any loss, liability, damage, cost, sickness or disease they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.

#3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, PROPERTY DAMAGE, SICKNESS OR DISEASE due to negligence of releases while in, about, or upon the premises of the YMCA and/or while using the premises, facilities, or equipment thereon or participating in any program affiliated with the YMCA.

#4. The YMCA does not condone staff privately providing childcare for program participants. Parents or guardians who hire childcare providers from among YMCA staff understand that the YMCA is not responsible for staff who conduct outside employment and hereby releases the YMCA from any liability for acts or omissions of any staff who provide childcare outside of YMCA employment.

#5. By signing this agreement, I hereby give my permission for the YMCA to take my photograph or a photograph of my children and use or publish this likeness for YMCA purposes and I release the YMCA from any claims for such use.

#6. 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.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY/INDEMNITY AGREEMENT/PHOTO RELEASE is intended to be as broad and inclusive as is permitted by the law of the State of Massachusetts. If any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THE RELEASE AND WAIVER OF LIABILITY/ INDEMNITY AGREEMENT/PHOTO RELEASE and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

**I HAVE READ THIS RELEASE**    **Signature** \_\_\_\_\_

## YMCA Office Use Only:

**Membership Type:** Family 3    Family 2    Family 1    Senior    Senior Couple    Adult    Young Adult    Teen    Youth    Toddler

**Membership Payment Type:** Annual    Draft/EFT (Draft/EFT will still require renewal after 1 year)

**Membership Discount Group:** Financial Aid

**Membership/Discount Expiration Date:** \_\_\_\_\_

**Staff processing this membership:** \_\_\_\_\_