

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



SCHOLARSHIP APPLICATION

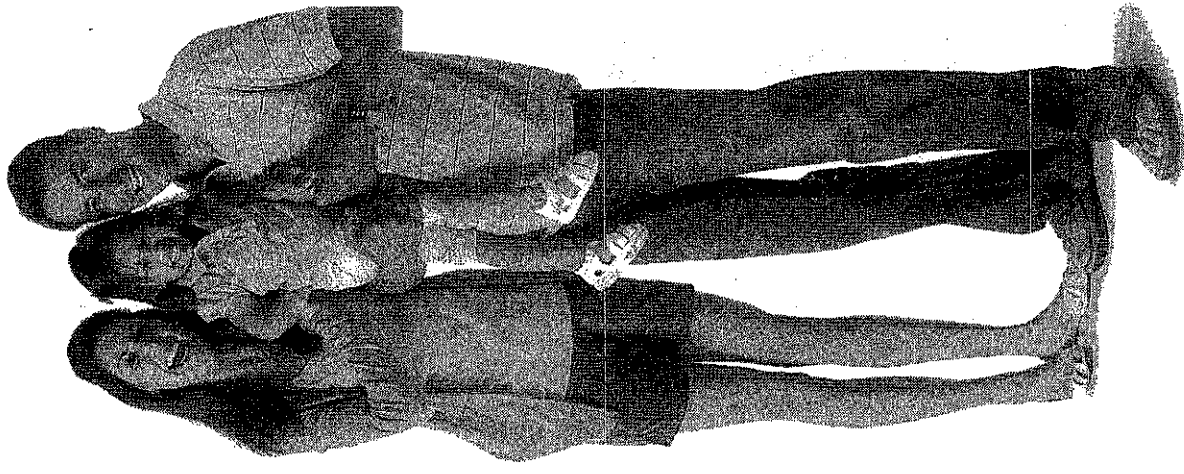
Due to the great financial need in our area, the YMCA of the Coosa Valley has teamed up with "First Call for Help" to assist in referrals and screening financial assistance with membership and programs to fit your needs.

What is the YMCA scholarship program? The YMCA of the Coosa Valley believes that member's of our community should not be turned away due to financial instability. Thanks to donors throughout the community, we are able to assist families in paying for a membership and/or programs throughout the year.

Although we would like to serve everyone with financial need in our community, this is not always possible. We would like to thank you in advance for your patience and understanding as we wait for funds to process all scholarship applications.

Family Success Center

821 East Broad Street Gadsden, AL 35903



To apply for financial assistance at the YMCA, please follow these steps:

1. Call "First Call For Help" at "211" or (256) 546-4357 for a screening appointment.
 2. Take all of the following to your appointment (those that apply to you).
 - ◆ Picture ID
 - ◆ Proof of Income (from all applicants)
 - ◆ Statement of all monthly expenses
 - ◆ Food stamp information (if applicable)
 3. Allow at least 4-6 weeks to process. The YMCA will contact you if you have been approved.
- ⇒ **THERE IS A 2 YEAR MAXIMUM WITH 6 MONTH RENEWALS**
- ⇒ **RENEWALS ARE BASED ON FINANCIAL NEED, FUNDS AVAILABLE AND PREVIOUS USAGE OF FACILITY.**



United Way
of Etowah County

TELL US MORE...

A series of 25 vertical lines for writing.

**YMCA of the Coosa Valley Membership
RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

IN CONSIDERATION FOR PROGRAMS AND ACTIVITIES of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program 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.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

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

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost 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 releasees or otherwise.

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

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Alabama and that 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 SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: _____

Print Name: _____

Signature of Applicant: _____

Guardian if member is under 18 years of age

Print Name: _____

Signature: _____

Scholarship Application

OFFICE USE

Date Reviewed: _____ # Served: _____ Approved _____ Denied _____
 Membership Plan/Program: _____ % Scholarship: _____
 Valid until: _____ Amount to Paid per Month: \$ _____
 CONTACT: Date: _____ Result: _____

ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance and write name in space provided

Name	DOB
<input type="checkbox"/> Adult _____	/ /
<input type="checkbox"/> Adult _____	/ /
<input type="checkbox"/> Child _____	/ /
<input type="checkbox"/> Child _____	/ /
<input type="checkbox"/> Child _____	/ /
<input type="checkbox"/> Child _____	/ /
<input type="checkbox"/> Other _____	/ /

APPLICANT INFORMATION

Name: _____
 Mailing Address: _____
 City: _____ ZIP code: _____
 State: _____
 Home Phone: _____
 Cell Phone: _____
 Email: _____

I AM APPLYING FOR

Check the box which applies to you

<input type="checkbox"/> M	STUDENT
<input type="checkbox"/> E	ADULT
<input type="checkbox"/> M	COUPLE
<input type="checkbox"/> B	FAMILY
<input type="checkbox"/> E	SINGLE PARENT
<input type="checkbox"/> R	FAMILY
<input type="checkbox"/> S	SENIOR
<input type="checkbox"/> H	SENIOR COUPLE
<input type="checkbox"/> I	OTHER
<input type="checkbox"/> P	CAMP

TELL US MORE.....

On the page provided, include any additional information or extenuating circumstances that were not included on this application.

INCOME & EXPENSE VERIFICATION

(This area must be filled out by a referring agency ONLY!)

EXPENSES	AMOUNT	EXPENSES	AMOUNT
Utilities		Cell/Home Phone	
Food		Cable	
Car(s)		Medical Bills	
Car Insurance		Credit Cards/Loans	
Gas for Car(s)		Childcare/Support	
Rent/Mortgage		Other	
Home/Renter's Ins.		Food Stamps:	
		Total:	

INCOME SOURCE AMOUNT

Total	

INCOME _____ - EXPENSES _____ = TOTAL _____

Do you recommend this applicant for assistance? Yes _____ No \$ _____

Comments: _____

Date of Interview: _____

Examiners Signature: _____

Applicant/Parent/Guardian Signature: _____

Date: _____