



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Dear Financial Assistance Applicant,

The Cadillac area YMCA is a cause for strengthening the community. With the Y's focus on nurturing kids and teens, improving people's health and well-being, and giving back and supporting our neighbors, your membership will bring about meaningful change in both your life and in your community.

The YMCA believes that every person should have an opportunity to participate and pursue their own personal goals regardless of financial level.

Because of our service and dedication to our community, we offer membership and program funding through donations, grants, and association earned income to those who request it within our available resources. The YMCA is community-based, and we believe that our program and services should be available to everyone.

The Financial Assistance program is based on a sliding fee scale designed to fit individual financial situations. Available funding is based on personal need, enrollment, and our financial resources.

To apply for financial assistance, please complete the attached application and submit it with all income documentation to the Welcome Center or email it to [bobr@cadillacareaymca.org](mailto:bobr@cadillacareaymca.org). Once your income is verified you will be contacted within 3-5 business days for an application review appointment.

Thank you for your interest in the YMCA and we look forward to serving you and continuing to work together to strengthen our community.

Please forward any questions, comments, or concerns to:

*Bob Reddick*

Bob Reddick  
Marketing and Membership Director  
Cadillac Area YMCA  
9845 Campus Dr.  
Cadillac, MI 49601  
231-775-3369

*Complete the following steps to be considered for Financial Assistance at the Cadillac Area YMCA.*

**Step 1:** Complete the application.

**Step 2:** Make copies of all income sources coming into the household and submit them with your application. Originals will not be returned to you, so please provide us copies of all documentation. Please note that if you have no source of income, we cannot offer you a membership, as you must have some means of paying at least a portion of the membership.

- Paystubs: Please submit copies of two consecutive pay periods. Please indicate whether you are paid weekly, bi-weekly, or monthly.
- Social Security: Please submit copies of any financial assistance coming into the home, whether it is for a child, adult, yourself, etc.
- Retirement or Pension Benefits: Please submit documentation of the amount being received.
- Child Support: Please submit a copy of the child support court order showing the amount you were awarded.
- Lay-off or unemployment: Please submit documentation of the lay-off or a copy of your employment letter.

**Step 3:** Please provide a copy of your most recent 1040 Form and submit it with your application. If you did not file a tax return, you may complete the IRS Form 4506-T for a transcript request.

**Step 4:** Please provide a copy of a legal guardianship letter or birth certificate for any children not listed as a dependent on your Federal tax return. Please provide documentation of full-time student status for any dependent child age 18-23.

**Step 5:** Review the application and income documentation to make sure that everything is filled out and copies are made of all income sources. Please note that if documentation is missing or the application is not filled out fully, your application will be **delayed**.

**Step 6:** Turn in the completed application packet to the Welcome Center Desk Staff or email it to the Membership Director, Bob Reddick at [bohr@cadillacareaymca.org](mailto:bohr@cadillacareaymca.org) The Welcome Center Manager will be reviewing the packet and will be in contact with you within 2-3 business days.

## The Cadillac Area YMCA

### Financial Assistance Scholarship Program

#### Commonly Asked Questions

**Q. What is a Scholarship?**

A. The Cadillac Area YMCA believes in providing membership and program services to all who desire to participate. A scholarship is the financial assistance that the Y provides to those who are in financial need. The Annual Campaign is supported by generous donations from Y members, community members and organizations.

**Q. Do Scholarships apply to the Programs that the YMCA offers?**

A. If you are approved for a Scholarship it does apply to your membership rate and also to any fee based programs that the YMCA offers. When signing up for additional fee based programs please let the welcome center staff know you are a scholarship recipient and would like your scholarship applied.

Example: You are approved for a 10% Scholarship; you would get 10% off of your monthly membership and also would receive 10% off any swim classes, gymnastics classes, etc. that the YMCA offers.

**Q. Who is eligible for Financial Assistances?**

A. Our financial aid is based on a sliding scale that takes in account yearly income and family size. Approval of applications is made on an individual basis per the Welcome Center Manager. The association uses a scale based on household income and number of dependents. Sex offenders and convicted felons are not eligible. The scale is developed on Federal Poverty Guidelines.

**Q. Why does the YMCA require financial documentation for the scholarship?**

A. The YMCA believes in helping people on an equal basis. We require the financial documentation for scholarship approvals so that we can fairly determine who is eligible for financial assistance. We are here to help you!

**Q. How long will I receive Financial Assistance?**

A. Scholarships are good for one year from the date of issue. You are required to inform the YMCA of any material changes in your financial status. Applicants will be eligible to reapply through the renewal process.

**Q. How long does the approval process take?**

A. The process takes approximately 1 week. Some applications may take longer if the needed documentation is missing or inaccurate.

**Q. How do I pay for an income based membership?**

A. Members who receive a scholarship based membership can pay monthly by setting up a bank draft or credit card payment method. You may pay by cash or check for your membership but only in advance for quarterly, bi-annual or annual payments. All memberships on the Bank Draft Plan will run continuously until you request cancellation. You must cancel by the 25<sup>th</sup> of the previous month in which you wish to cancel.

**Cadillac Area YMCA  
Financial Assistance Application**



Attach this completed form to a copy of:

- Income documentation
- Completed checklist with documents
- Membership application
- Program registration form

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Last Name** **First Name** **Date**

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\_\_\_\_\_ ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
**Address** **City, State, Zip Code** **Home Phone #**

Number of adults in household \_\_\_\_\_ Number of Children in household \_\_\_\_\_

<b>Income:</b>	<b>Circle one:</b>	
1. Are you employed?	Yes No	\$ _____/month
2. Is your spouse employed?	Yes No	\$ _____/month
3. Are any of your children employed?	Yes No	\$ _____/month
4. Are you or your spouse receiving unemployment benefits?	Yes No	\$ _____/month
5. Are you receiving child support?	Yes No	\$ _____/month
6. Are you receiving spousal support?	Yes No	\$ _____/month
7. Are you receiving FIP or Other?	Yes No	\$ _____/month
8. Are you receiving food stamps/bridge card?	Yes No	\$ _____/month
9. Are you receiving social security benefits?	Yes No	\$ _____/month
10. Are you receiving veteran's benefits?	Yes No	\$ _____/month
11. Are you receiving retirement benefits?	Yes No	\$ _____/month
12. Are you receiving other income?	Yes No	\$ _____/month

In accordance with YMCA policy, NO application will be considered without accompanying verification of income. **We expect participants to pay a fee based on financial ability.**

I, hereby, certify that the information supplied herein, is true, accurate and complete to the best of my knowledge. **I am also aware that it is my responsibility to notify the Cadillac Area YMCA, in writing, of any change in information supplied in this application, such as income, address, living arrangements, or other matters which might affect my eligibility for financial assistance.** I understand that failure to comply with YMCA policies can result in immediate revocation of scholarship privileges.

Signature of Applicant or Parent/Legal Guardian X \_\_\_\_\_ Date \_\_\_\_\_

- For YMCA Staff Use Only -  
*All Application Records will be kept CONFIDENTIAL*

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Received By: \_\_\_\_\_ Approved by: \_\_\_\_\_

Scholarship % \_\_\_\_\_ Start-up Fee \$ \_\_\_\_\_ Monthly Fee \$ \_\_\_\_\_ Yearly income \$ \_\_\_\_\_

## STEP 2 IF NECESSARY

Amount you are able to pay \$ \_\_\_\_\_

Why do you need Financial Assistance? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your financial hardships? \_\_\_\_\_

\_\_\_\_\_

What extenuating circumstances have led to your financial hardship? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you unable to provide documentation of financial records? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- For YMCA staff use only -

Total Cost of Programs \$ \_\_\_\_\_ + Membership Join Fee \$ \_\_\_\_\_ + Monthly Rate \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
TOTAL

Percentage of Scholarship \_\_\_\_\_ %                      Amount to be paid by participant \$ \_\_\_\_\_

Amount of Scholarship \$ \_\_\_\_\_

Executive Director X \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Cadillac Area YMCA  
 9845 Campus Drive  
 Cadillac, MI 49601  
 231 775 3369  
 www.cadillacareaymca.org

# MEMBERSHIP APPLICATION

Staff Initials \_\_\_\_\_ Verified initials \_\_\_\_\_  
 Group \_\_\_\_\_  
 Equipment Orientation Y or N  
 Photo ID  Membership Cards   
 Welcome Packet

## ADULT 1 \*REQUIRED INFORMATION

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*Gender (circle one): M or F \*Date of Birth \_\_\_/\_\_\_/\_\_\_  
 P.O. Box; Street Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ \*Married (circle one): Yes No  
 Would you like to receive the weekly newsletter? (circle one) Yes No  
 \*Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## ADULT 2

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*Gender (circle one): M or F \*Date of Birth \_\_\_/\_\_\_/\_\_\_  
 E-mail \_\_\_\_\_ Cell phone \_\_\_\_\_ \*Married (circle one): Yes No  
 Would you like to receive the weekly newsletter? (circle one) Yes No

*DEPENDENT CHILDREN FULL NAMES	*M/F	*DATE OF BIRTH	*RELATIONSHIP	*SCHOOL	*GRADE

## MEMBERSHIP CATEGORIES AND RATES

CHECK ONE	MEMBERSHIP CATEGORIES (all members must live in the same household)	START-UP	MONTHLY
<input type="checkbox"/>	Family (2 adults & dependent children)	\$85.00	\$72.00
<input type="checkbox"/>	Adult Couple (2 adults)	\$80.00	\$65.00
<input type="checkbox"/>	Adult (18 – 64 yrs.)	\$68.00	\$50.00
<input type="checkbox"/>	Youth (3 – 17 yrs.)	\$33.00	\$24.00
<input type="checkbox"/>	Senior (65 yrs +)	\$55.00	\$46.00
<input type="checkbox"/>	Senior Couple (2 adults, 1 is 65 yrs +)	\$69.00	\$59.00
<input type="checkbox"/>	Single Parent Family (1 unmarried adult & dependent children)	\$65.00	\$63.00

\*A photo ID is required for each adult included on your membership application. Start-up Fee is due upon joining. The first month of membership is prorated based on the join date and due upon joining. We also offer College Memberships for Full Time college students; please see the Welcome Center for details. For information on income based membership rates contact the Cadillac Area YMCA or download the application online at [www.cadillacareaymca.org/financialassistance/](http://www.cadillacareaymca.org/financialassistance/) and return completed to the Welcome Center.

## ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank 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 institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date. **Charges will be posted on the 1<sup>st</sup> of each month or the next business day thereafter. A \$25 fee will be assessed on all returns (non-sufficient funds or otherwise). Please check the box and fill out the pertinent information for option 1 or option 2.**

**OPTION 1** I choose to utilize the EFT option for monthly payment (direct debit from my Checking or Savings)  
 Bank Name \_\_\_\_\_ Name on Account \_\_\_\_\_

Account Type: (circle one) CHECKING or SAVINGS

Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**OPTION 2** I choose to utilize the Credit Card Payment option for monthly payment (direct charge to credit card)

Credit Card Type (circle one) Visa MC Discover Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ CSC# \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

# CODE OF CONDUCT

We expect persons using the YMCA to behave in a mature and responsible way and to respect the rights and dignity of others. The YMCA Code of Conduct does not permit language or any action that can hurt or frighten another person. Specifically, this includes:

- Inappropriate attire. Appropriate attire must be worn at all times.
- Angry or vulgar language including swearing, name calling or shouting.
- Physical contact with another person in any angry or threatening way.
- Any demonstration of sexual activity or sexual contact with another person.
- Harassment or intimidation by words, gestures, body language or any other menacing behavior.
- Theft or behavior that results in the destruction of property.
- Carrying or concealing any weapons, devices or objects that may be used as weapons.
- Using, possessing, or being under the influence of illegal chemicals or alcohol on YMCA property, in YMCA vehicles or at YMCA-sponsored programs.
- Any use of digital camera phones or any photo or video recording device in locker room areas.
- Any other conduct of an inappropriate, threatening or offensive nature.

The YMCA maintains a smoke free campus – building and grounds. Members and guests are expected to refrain from smoking in and on all indoor and outdoor premises.

Members and guests are encouraged to be responsible for their personal comfort and safety and ask any person whose behavior threatens their comfort to refrain. If a member or guest feels uncomfortable in confronting the person directly, they should report the behavior to a staff person. Members and guests should not hesitate to notify a staff person if assistance is needed. Staff wants to help. In order to be able to carry out these policies, the YMCA asks that members and guests identify themselves to staff when asked.

The Executive Director or Program Director will investigate all reported incidents. Suspension or termination of YMCA membership privileges may result from a determination by the Executive Director if, in his or her discretion, a violation of this Code of Conduct has occurred.

**Charges for membership will be drafted on the 1<sup>st</sup> of the month or the next business day thereafter. Yearly renewal required for scholarship memberships.**

## CONSENT – HOLD HARMLESS

I certify that my children have permission or that I consent to participate in YMCA Programs. I further stipulate and agree to protect, indemnify, save, and hold harmless said Cadillac Area YMCA employees and YMCA volunteers against any and all claims arising out of my children's (or my) participation in YMCA Programs. I also certify that the program participant (myself or my children) has been screened medically and that there are no medical conditions or injuries that preclude his/her participation in YMCA Programs. I give my permission for photos and/or video to be taken and used for YMCA public relations purposes.

## MEMBERSHIP TERMINATION INFORMATION

Bank and credit card draft cancellation notices must be received by the 25<sup>th</sup> of the month prior to the draft date in order to cancel that month's draft. Bank draft payments are for one month in advance. If I stop payment on the final draft, I will be charged the service charges incurred by the Cadillac Area YMCA. By cancelling, or allowing my membership to expire, I realize that my joining fee is non-transferable after 30 days.

## MEMBERSHIP HOLD POLICY INFORMATION

Hold request notices must be received by the 25<sup>th</sup> of the month prior to the draft date in order to cancel that month's draft. Bank draft payments are for one month in advance. The YMCA will not refund monthly membership dues beyond the effective date of cancellation. Memberships may only be placed on hold for 2-4 months within a 12 month period. Held memberships will be charged \$10 a month up front.

## SEX OFFENDER POLICY

In the interest of maintaining an environment that is safe for members, employees, and visitors, the Cadillac Area YMCA prohibits access to its facilities and/or grounds to Registered Sex Offenders. Any individual known to be listed on any state or national sexual offender registry shall be denied access to the YMCA Dillon Community Center and Cadillac Area YMCA program venues. The YMCA conducts regular sex offend screenings on all members, participants, and guest. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

**I have read and agree to abide by the YMCA member code of conduct when participating in YMCA programs or utilizing YMCA facilities.**

X \_\_\_\_\_  
Member Signature 1

\_\_\_\_\_  
Member PRINT Name

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Member Signature 2

\_\_\_\_\_  
Member PRINT Name

\_\_\_\_\_  
Date