
the YMCA
HERE FOR ALL
EDWARDSVILLE YMCA
Membership & Program Financial Assistance
APPLY FOR FINANCIAL ASSISTANCE TODAY!
Reduced Fees On Membership & Programs!
Please contact the Edwardsville YMCA if you have any questions at 656-0436.

COMMITTED TO OUR CAUSE

EDWARDSVILLE YMCA
Membership & Program Financial Assistance

THE ESSENCE OF THE Y

The Edwardsville YMCA wants to nurture the potential of our youth, promote healthy living and foster a sense of social responsibility within our community. We want to ensure that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The Edwardsville YMCA is committed to providing services to all those who desire and request it regardless of their ability to pay. Our Financial Assistance program, which is supported by generous donations to our Annual Campaign, helps to provide assistance to youth, adults and families based on individual needs and circumstances every year.

COMMITTED TO OUR COMMUNITY

Determining your level of support is handled by the Edwardsville YMCA in a fair and consistent manners. Every member receives the same membership benefits, regardless or whether or not they receive membership or program support. Everyone can feel confident knowing that they are a part of an organization that care greatly for the well-being of all people and is committed to youth development, healthy living and social responsibility.

Apply Today For Reduced Fees On Membership & Programs!

PLEASE NOTE

- In order to start the process of having support granted, you will need to fill out the Financial Assistance Application and provide the needed documents. You will then be contacted by the YMCA to go over your request. We reserve the right to request additional information when necessary.
- Support from our Financial Assistance Program reduces membership and program fees; it does not eliminate them. Special circumstances will be taken into consideration as needed.
  - If granted a 100% discount, your financials need to be re-evaluated every 3 months.
    - You must have an in-person or phone conversation with membership director before renewal date.
    - You must disclose and resubmit financial paperwork if something changed financially in the last 3 months.
    - Must check-in at least 4 times per month (excluding programs).
- Memberships must start drafting within 60 days of the application submission. If documents are not provided in full within this time frame, you will need to reapply for assistance.
- If you find that you are no longer in need of the Edwardsville YMCA services or assistance, we ask that you let us know in order for us to reallocate the funds to another family in need.
- Membership and program fees are subject to change upon annual review.
- It is the sole discretion of the Edwardsville YMCA to approve or deny any request for financial assistance.

Please contact the Edwardsville YMCA if you have any questions at 656-0436.



TELL US YOUR STORY!

EDWARDSVILLE YMCA
MEMBERSHIP & PROGRAM FINANCIAL ASSISTANCE APPLICATION

APPLICANT:

Please mark which of the following documents have been attached to this application:

DOCUMENT	YES	NO	N/A
Copy Of Current Tax Form			
If No Tax Return, Which Of The Following Documents Are You Turning In For Each Adult In The Home?			
Non-Filing Tax Letter (Get Transcript Online, By Mail Or Call 800-908-9946 • https://www.irs.gov/individuals/get-transcript)			
Last 60 Days Of Pay Stubs From Current Employer			
Unemployment Benefits Statement			
Social Security/Disability Benefits Statement			
SNAP/TANF			
Child Support &/or Alimony			
Housing Assistance			
Student Loans			
Pensions & Annuities			
Additional Sources Of Income (Please List)			
CHASI Denial Letter (Only Applies To Child Care Financial Assistance)			

STAFF USE ONLY:

Date Received: _____ **Received By:** _____

Membership Application (Director Use Only)

Date Received	Reviewed By	Processed Date	Discounted Monthly Fee or %	Length Of Membership	CEO Approval

Program Request (Director Use Only)

Date Received	Reviewed By	Processed Date	Discounted Program/CCare Fee or %	Length Of Program	CEO Approval

Child Care (Full Day ACECDC/Summer Camp) Request (Director Use Only)

Families seeking Financial Assistance for Child Care programs who meet the criteria to be eligible for Child Care State assistance in Illinois will be asked to apply with the State prior to approval for YMCA scholarship. If denied services from the State, your family must present a denial letter from the IL Department of Human Services with completed scholarship application and current tax return statement. The YMCA will calculate your eligibility through the resources that are available in IL.

Date Received	Reviewed By	Processed Date	Discounted Child Care Fee or %	Length Of Child Care	CEO Approval

Notes:

_____

_____

_____

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EDWARDSVILLE YMCA
MEMBERSHIP & PROGRAM FINANCIAL ASSISTANCE APPLICATION

1. APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home/Cell Phone: _____

Birthdate: _____ **Gender:** _____

Race/Ethnicity: _____

Email: _____

Emergency Contact*: *Other Than Those Listed On Membership Below.

Name: _____

Phone Number: _____

If Applicant Is Under 18: Parent's Or Legal Guardian's Name.

Name: _____

2. HOUSEHOLD MEMBERS

○ **2ND Adult Name:** _____ **DOB:** _____

Gender: _____ **Race/Ethnicity:** _____

Relationship: _____

Phone: _____ **Email:** _____

CHILDREN

○ **Name:** _____ **DOB:** _____

Gender: _____ **Race/Ethnicity:** _____

Relationship: _____

○ **Name:** _____ **DOB:** _____

Gender: _____ **Race/Ethnicity:** _____

Relationship: _____

○ **Name:** _____ **DOB:** _____

Gender: _____ **Race/Ethnicity:** _____

Relationship: _____

○ **Name:** _____ **DOB:** _____

Gender: _____ **Race/Ethnicity:** _____

Relationship: _____

○ **Name:** _____ **DOB:** _____

Gender: _____ **Race/Ethnicity:** _____

Relationship: _____

○ **Name:** _____ **DOB:** _____

Gender: _____ **Race/Ethnicity:** _____

Relationship: _____

3. I'M APPLYING FOR:

MEMBERSHIP

- ○ **OLDER YOUTH/YOUNG ADULT** (Ages 11 - 24)
- ○ **INDIVIDUAL** (Age 25+)
- ○ **HOUSEHOLD**
  - ○ **2 ADULTS & KIDS** ○ **1 ADULT & KIDS** ○ **2 ADULTS**
- ○ **SENIOR INDIVIDUAL** (Age 62+)
- ○ **SENIOR 2 ADULTS** (1 Must Be 62+ • No Kids)

PROGRAMS / CHILD CARE

- ○ **SWIM LESSONS**
- ○ **YOUTH SPORTS** (Soccer, Volleyball, Basketball, Football)
- ○ **OTHER PROGRAMS** (Subject To Availability) List Below:

  _____
- ○ **FULL DAY CHILD CARE** (Must Have Applied For State Aid)
- ○ **SUMMER CAMP** (Must Have Applied For State Aid)

Families seeking Financial Assistance for Child Care programs who meet the criteria to be eligible for Child Care State assistance in Illinois will be asked to apply with the State prior to approval for YMCA scholarship. If denied services from the State, your family must present a denial letter from the IL Department of Human Services with completed scholarship application and current tax return statement. The YMCA will calculate your eligibility through the resources that are available in IL.

4. TELL US YOUR STORY:

We want to hear your story! Please tell us why you and your family is applying for Financial Assistance with the Edwardsville YMCA. We want to know what circumstances have brought you to us and how you would benefit from our services. Thank you for choosing the Edwardsville YMCA.

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May We Use Your Story? ○ **Yes** ○ **No**
(No Names Will Be Used)

EDWARDSVILLE YMCA
MEMBERSHIP & PROGRAM FINANCIAL ASSISTANCE APPLICATION

5. HOUSEHOLD FINANCES

Subjective factors such as recent loss of employment, healthcare issues or other extenuating circumstances are also considered with substantiating documentation. If desired, a meeting can be scheduled with a financial assistance representative. All discussions and paperwork are kept confidential.

INCOME (If You Don't Provide Your Tax Documents, Please Provide Documents For The Following That Apply)

$ _____ : 1ST Adult's Monthly Gross Paycheck
$ _____ : 2ND Adult's Monthly Gross Paycheck
$ _____ : Add. Adult's Monthly Gross Paycheck
$ _____ : Alimony/Child Support
$ _____ : Social Security/Disability
$ _____ : Unemployment
$ _____ : Pensions & Annuities
$ _____ : SNAP (Food Stamps) Or Other Income
$ _____ : Student Loans
$ _____ : TOTAL MONTHLY INCOME

EXPENSES (Please List, But You DON'T Have To Provide Documents For The Following)

$ _____ : Monthly Mortgage/Rent
$ _____ : Utilities (Electricity, Gas, Water, Etc.)
$ _____ : Food
$ _____ : Credit Cards
$ _____ : Medical
$ _____ : Car
$ _____ : Student Loans (Currently Making Payments Towards)
$ _____ : College Fees
$ _____ : Other Expenses
$ _____ : TOTAL MONTHLY EXPENSES

6. TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS

Verification of Household Income must include **ALL** adults, whether they choose to be on the membership or not.

I FILED FEDERAL TAXES FOR LAST YEAR

○ 1040 Federal Tax Form(s) For ALL Incomes In Household

TOTAL ANNUAL HOUSEHOLD INCOME:
$ _____

OR

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR OR MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES LAST YEAR

○ Documents Showing Most Recent 60 Days Of Income (Including Pay Stubs Or Documentation Of Government Assistance)

30 DAYS OF INCOME $ _____
X 12 Months = TOTAL ANNUAL HOUSEHOLD INCOME $ _____

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that subsidy assistance is based on need and suject to a copay. In the event that I or my children must cancel our participation, I will contact the Edwardsville YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

7. ACKNOWLEDGEMENT

_____ _____
Signature Of Person Completing This Form — Date

BANK DRAFT PAYMENT INFORMATION

NAME AS IT APPEARS ON CHECKING ACCOUNT OR CREDIT CARD:

CHECKING (ATTACH A VOIDED CHECK)	OR	○ CREDIT CARD ○ DEBIT CARD			
		TYPE (CIRCLE ONE)			EXPIRATION DATE
		MASTER CARD	VISA	DISCOVER	/
		LAST 4 DIGITS OF ACCOUNT NUMBER:			

PLEASE INITIAL TO INDICATE YOUR UNDERSTANDING AND ACCEPTANCE OF THE FOLLOWING POLICY:

____ I give authority for the Y to draft my account by the 15TH of every month.
____ The monthly payment is considered continuous and is subject to rate increases.
____ In order to change or terminate the automatic plan, I must provide the Y with 7 days written notice on or before the 1ST of the month.
____ If my payment is unable to draft, I will be responsible for that payment, a $15 return fee and any other recovery fees. These fees are in addition to any service fee my bank may charge.
____ It is my responsibility to check my bank/credit card statement and report any discrepancies within 30 days of the draft in question.

_____ _____/_____/_____
Account Holder Signature — Month Day Year

Updated: 7/8/25

EDWARDSVILLE YMCA
MEMBERSHIP & PROGRAM FINANCIAL ASSISTANCE APPLICATION

CONDITIONS OF FACILITY ACCESS & PROGRAM PARTICIPATION

In consideration of being permitted to participate in YMCA activities and for other good and valuable consideration, I hereby agree to release and discharge from **liability** arising from negligence **Edwardsville YMCA** and its owners, directors, officers employees, agents, volunteers, participants and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate and also agree as follows:

- I acknowledge that participating in YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated or described in their entirety, and with knowledge of the use of safety equipment, without jeopardizing the essential qualities of the activity.
- **I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees.** My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
- **I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct.** Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
- In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
- I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
- Photograph & Video Release: For adequate sufficient consideration the receipt of which is hereby acknowledged, the applicant(s) hereby gives permission for the YMCA to use, without limitation, photographs, film footage or tape recordings which may include the applicant(s) image or voice for purposes of promoting or interpreting YMCA programs.
- Sex Offender Registry: The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.

By acknowledging this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to acknowledging. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain.

I have read and understood this document and I agree to be bound by its terms.

Primary Adult: Printed Name: _____ **Signature:**_____ **Date:** _____

2ND Adult: Printed Name: _____ **Signature:**_____ **Date:** _____

COMPLETE FOR PARTICIPANTS UNDER THE AGE OF 18

In consideration of _____ **(Print Names Of Minors)** being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian Signature:_____

EDWARDSVILLE YMCA CODE OF CONDUCT

The Edwardsville YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, we expect individuals to act appropriately at all times when they are in our facility or participating in our programs.

We expect persons using the Edwardsville YMCA or attending a YMCA event to behave in a mature and responsible way, and to respect the rights and dignity of others. This Code of Conduct applies to YMCA members, guests, participants, staff and anyone on YMCA property, using YMCA facilities, or attending a YMCA event.

Prohibited Actions Specifically Include But Are Not Limited To:

- Inappropriate, immodest or revealing attire; appropriate attire includes gym shorts, shirts, or sweat suits in the physical fitness area, and regular swimsuits in the pool area.
- Angry or vulgar language, including swearing or name-calling.
- Physical contact with another person in any angry, threatening or offensive way.
- Any sexually explicit conversation or behavior; any sexual contact with another person.
- Harassment or intimidation by words, gestures, body language or any menacing behavior.
- Theft or behavior that results in the destruction of property.
- **Carrying or concealing any firearm, weapon, device or object that may be used as a weapon. Possession of a state authorized concealed carry license is not an exception under this policy. The only exceptions to this policy will be law enforcement officers, and other individuals that have been given written consent by the President/CEO to carry a firearm onto the property, or at a YMCA event.**
- Using or possessing illegal substances or alcohol on YMCA property, in YMCA vehicles, or at YMCA sponsored programs.
- Loitering.
- Smoking. The YMCA and its property is a smoke-free environment.
- Taking photos and/or videos from a cell phone or other device is not permitted in locker rooms or rest rooms.
- Conducting business, except YMCA approved business, for personal gain on YMCA property.
- Any violation or perceived violation of any applicable law, including the Firearm Concealed Carry Act may be reported to law enforcement.

The Edwardsville YMCA reserves the right to deny access or membership to any person who has been accused or convicted of any sex-related crime; habitually or excessively uses illegal substances; has ever been convicted of any offense relating to the use, sale, possession, or transportation of illegal substances, or continuous or excessive use of alcohol. Any individual whom the YMCA becomes aware is listed on the sex offender registry will be denied access or membership to all YMCA owned or leased buildings or areas, and YMCA events.

If a member or guest believes a violation of this code has occurred, they should report the behavior to a YMCA staff member. The Edwardsville YMCA staff members are eager to be of assistance; members and guests should not hesitate to notify a staff member if assistance is needed.

In order to be able to carry out these policies, we ask that members and guests identify themselves to YMCA staff members when asked.

The YMCA management will investigate all reported incidents. Suspension or termination of YMCA membership privileges may result from any violation of the Code of Conduct without warning or refund.

I have read and understood this document and I agree to be bound by its terms.

Signature:_____ **Date:** _____