



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

APPLICATION FOR OPEN DOORS FINANCIAL ASSISTANCE PROGRAM

- Return application to the Member Service desk of the branch where you are applying.
- APPLICATIONS WILL BE REVIEWED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS **FILLED OUT COMPLETELY**. Attach all necessary documents (copies only).
- Please allow 48 hours for review. A YMCA Director will contact you via mail or phone.
- The balance of the allocation must be paid in full or on our automatic payment plan through electronic fund transfer.
- This scholarship will be re-evaluated annually.

Supporting Documents: please provide the following as needed

- Current pay check stub or statement of earnings
- IRS Tax Statement
- SSI Statement
- Court order for Child Support
- Disability or unemployment documentation

You must attach last year's IRS Tax Statement and/or your SII allocation statement to verify your annual earnings. If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040).

Did you know that the **Financial Assistance Program** is funded by YMCA members, YMCA special events, YMCA staff, volunteers, donors, local businesses, and the United Way. Consider giving back to the YMCA by making a monetary or gift in kind donation to our **Change a Life** annual support campaign.

Please PRINT all information. **Date of application** _____

Name: _____ Home/Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

How Long at address? _____ Place of Employment: _____ Work Phone: _____

E-MAIL Address: _____ Birth Date _____

Spouse / dependents	Age	School / Employer	Birth date	M / F

Are you a single parent household? Yes No

Application for financial assistance is for: Membership Program

Are you a current YMCA member? Yes No

Are you a past YMCA member? Yes No

Have you ever applied for YMCA financial assistance before? Yes No

If yes, which YMCA and which program or service?

Please itemize your monthly income and expense items below:

INCOME

EXPENSE

Wage, salaries and tips	\$	Rent/Mortgage	\$
Unemployment	\$	Utilities	\$
Social Security	\$	Food/Clothing	\$
Child Support	\$	Medical	\$
Aid to Dependent Children	\$	Phone	\$
Food Stamps	\$	Car/Insurance	\$
401K/Retirement Funds	\$	Alimony	\$
Alimony	\$	Child Support	\$
Other	\$	Other	\$
TOTAL INCOME	\$	TOTAL EXPENSE	\$

Are there any other circumstances that you feel the YMCA should know regarding your living conditions / ability to pay? _____

_____.

What is the dollar amount that you are willing to pay or have the ability to pay each month?

Membership \$ _____ per month

Program \$ _____ per session

By signing below:

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the Open Doors Financial Assistance Program.

Signature: _____ Print Name: _____

YMCA Staff Use Only

Application reviewed on: _____ Reviewed by: _____

Denied – Reason: _____ Notified: Yes No

Approved amount: \$ _____ A SPHH HH SrA SrHH _____ %

Mission: To put Christian principles into practice through programs that build a healthy spirit, mind and body.