



Open Doors Application

This application is not to be considered a guarantee of financial assistance. Please print or type this information requested below and indicated with the letters "NA" when information requested does not apply to you.

Applicant Information

Adult (or parent/guardian if applicant is a youth)

Last _____ First _____ M.I. ____ Gender ____ DOB _____

Street _____ City _____ State ____ Zip Code _____

Home / Cell Phone _____ Work Phone _____

E-mail: _____

Household Information List name and date of birth for all individuals living in the same household who share living expenses.

Other Household Members	Date of Birth	Gender	Relationship

Do you share expenses with anyone else in your household? ____ Total number in household ____

Reason assistance is needed (please circle all that apply):

Academic or Job Training Low Income Rehabilitation Referrals Smith Scholarship
 Social/Emotional Need (Specify on attached sheet) Special Circumstances Unemployment
 Rehabilitation Referral Other (please list with explanation) _____

Prior Scholarship Assistance:

Have you applied for a scholarship from another YMCA Branch before? No ____ Yes ____

If yes, where _____ When _____



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I am applying for financial assistance for the following area:

Membership – (Please circle one): Youth (3-12) Teen (13-17) Young Adult (18-25)
 Adult (26-59) Two Adults One Adult with Dependents Two Adults with Dependents
 Senior (60+) Senior Couple(60+)

Program – Please indicate what program:

Aquatics _____
 Sports _____
 Fitness _____

Child Care – Please circle one: After School Program Summer Camp
 Teen Camp Kiddie College

Other: _____

Monthly Income / Expense Worksheet – Applications will be denied if application is incomplete.
 Applicants may be asked to provide documentation to verify their expenses.

Income: Please indicate **MONTHLY** Amounts

Expenses: Please indicate **MONTHLY** Amounts

\$_____ 1) Applicants Gross Monthly Income

\$_____ 1) Rent/Mortgage (Circle One)

\$_____ 2) Other Adult(s) Gross Monthly Income

\$_____ 2) Auto Loan

\$_____ 3) Child Support

\$_____ 3) Utilities

\$_____ 4) Social Security or Disability

\$_____ 4) Phone (Listed in your name)

\$_____ 5) Welfare (submit copy of card)

\$_____ 5) Child Support

\$_____ 6) Food Stamps

\$_____ 6) Medical

\$_____ 7) Unemployment

\$_____ 7) Child Care

\$_____ 8) Foster Child stipend

\$_____ 8) Food

\$_____ 9) Other (please explain)
 (Example: Trust Fund, savings account, IRA Etc.)

\$_____ 9) Gas (Car)

\$_____ 10) Other (please explain)

Total Monthly Income \$ _____

Total Monthly Expense \$ _____

Total Annual Income \$ _____

Total Annual Expense \$ _____

Are there any extraordinary circumstances that should be taken into consideration when reviewing this application?



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How much can you afford to pay per person / per program? \$ _____

For Membership Only: How much per month? \$ _____

What benefits do you see in having this scholarship to join the YMCA as a member or participant?

I, those included on my membership, and my guests will adhere to the values of the YMCA –*caring, honesty, respect, and responsibility* while with in the YMCA or while within the YMCA or while participating in any YMCA program. Failure to do so may result in my membership or program privileges being revoked.

I verify that all the 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 Financial Assistance program. I consent to the use of photographs of myself and/or anyone in my family for displays, brochures, and promotional materials with no compensation to my family or me.

Signature of Applicant

Date



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How may I show my appreciation to the YMCA for awarding financial assistance?

Give of your time and talents: Financial assistance recipients are encouraged to volunteer at the YMCA. There are many volunteer opportunities available. YMCA volunteers are involved in educational tutoring, clerical assistance, and event planning – they even lend a hand as youth sport coaches and help with facility maintenance. Some volunteers have special talents or skills that they provide for the Y. As a non-profit organization, the YMCA is grateful to the hundreds of community volunteers who help out in many ways each day. *Please note: Volunteering in not required for assistance to be granted.*

Check the areas where you and your family can contribute your time and talents as YMCA volunteers:

- Tutoring Days / Times Available: _____
- Clerical Assistance Days / Times Available: _____
- Coaching Youth Sports Days / Times Available: _____
- Facility Maintenance Days / Times Available: _____
- Event Planning Days / Times Available: _____
- Other: _____ Days / Times Available: _____

Share your personal story with us! The YMCA encourages financial assistance recipients to write a brief note describing how the program has been of help to them. These stories may be shared with YMCA supporters, to show them how their contributions are used and to encourage potential donors to become involved.

Office Use Only:			
Applied For:	_____ Membership	Type: _____	Length of Time: _____
	_____ Program	Dept: _____	Length of Time: _____
Total Fee: \$	_____	Recipient's Responsibility \$	_____ Scholarship Amt \$ _____
% Paid by Recipient	_____	% of Scholarship	_____
Date Applied	_____	Date Approved/Denied	_____ Date Notified _____
Approved Staff Signature: _____			
Comments/Notes:			