



Open Doors Application

Thank you for your interest in the YMCA of Greensboro’s Open Doors Program. Attached you will find the application for the Open Doors Program. There are several forms that must be sent back with the application in order for your request to be processed. Please read the following information carefully to ensure the accuracy of your paperwork. Any missing information may result in a reduction or denial of financial assistance. All financial assistance is granted on a sliding scale base on income and need.

The following documents are needed for processing your request:

- _____ Open Doors Application
- _____ Copy of the 1st page of your 2011 tax return that was filed with the IRS (or last year filed). The information must include adjusted gross income and list of dependents (or last year filed). **Please cross off social security numbers.**
- _____ Copy of all 2011 W-2 forms *(Please include W-2 forms for all persons in household).* **Please cross off social security numbers.**
- _____ Copy of one month of paychecks stubs and proof of ALL other income that comes into the household. *(Child support, Disability Statement, Unemployment, letter of hardship, etc.)* **This information must be provided for all adults in household.** If it is not clearly indicated on your paycheck stub, please write your name, period of time the checks are for and how often you are paid.
- _____ Social Security award letter or SSA-1099 S.S. Benefit Statement.
- _____ For foster children only provide a copy of stipend from DSS.

*Other documentation may be requested.

*Open Doors Scholarship will not be applied to a Metro and/or Triad memberships.

Again, please review all information carefully and use the above reference checklist to mark off that all required information is included when you send your request. If the information is not complete, we cannot process your financial assistance. The YMCA is not responsible for calling and finding missing information. All policies state on the registration forms and confirmation packs are still in effect regarding financial assistance. Applicants cannot participate in programs or membership until the financial assistance has been granted, and amounts owed are paid.

Thank you for taking the time to accurately complete the information for our open doors program. You will be notified as to the status of your application within 15 days.

It is the goal of the YMCA of Greensboro to turn no one away because of inability to pay. Contributions raised through the We Build People program help to provide financial assistance on a sliding scale and to keep our membership and program fees affordable.

For office use only: Please registrar with transaction type 800

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: _____

Please circle your preferred method of contact: Email Cell US Mail

Household Information List name and date of birth for all individuals living not listed above in the same household.

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 Program Low Income Rehabilitation Referrals Unemployment

Social/Emotional Need (Specify on attached sheet) Special Circumstances

Rehabilitation Referral Other (please list with explanation) _____

Prior Scholarship Assistance:

Have you applied for a YMCA scholarship before? No _____ Yes _____

If yes, where _____ When _____

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 (list school year) _____
 Summer Camp Teen Camp

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 \$ _____

We do not provide 100% scholarship. Everyone is expected to pay something.

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

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

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

What would your situation be without The Y's help?

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.

I understand I will be given a deadline to respond to accept the scholarship.

Signature of Applicant

Date

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: _____
	_____ Program	Dept: _____	Length of Time: _____
	_____ Program	Dept: _____	Length of Time: _____
Total Fee: \$	_____	Recipient's Responsibility \$	_____ Scholarship Amt \$ _____
Joining Fee:\$	_____	Recipient's Responsibility \$	_____ Scholarship Amt \$ _____
% Paid by Recipient	_____	% of Scholarship	_____
Date Applied	_____	Date Approved/Denied	_____ Date Notified _____
Approved Staff Signature:	_____		
Approval Executive Director:	_____		
Comments/Notes:	_____		