A YMCA FOR ALL

OPEN DOORS SCHOLARSHIP APPLICATION

Financial Assistance available for those who qualify.

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living, and fostering a sense of social responsibility, the Athens-McMinn Family YMCA strives to ensure that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and works with those who are unable to pay our full fees to the best of our abilities. Through our Annual Giving Campaign and funding from the United Way, the Athens-McMinn Family YMCA provides assistance to youth, adults, and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

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

Support is granted following a review of all required documentation. The Y reserves the right to request additional information when necessary. Please contact **Tiffany Hayes** at **423.745.4904** if you have any questions.

PLEASE NOTE

- Financial assistance is unavailable for exclusive, personal or private programs provided at the Y.
- Support from our Annual Campaign Fund & United Way reduces membership and program fees; it does not eliminate them.
- All assistance will be awarded for 12 months.
- Membership and program fees are subject to change upon annual review.
- Members and program participants are welcome to re-verify their income in the case of a rate increase or life event which could alter household income.

the YMCA

Athens-McMinn Family YMCA

athensmcminnymca.org

423.7454904

OPEN DOORS PROGRAM APPLICATION

APPLY FOR OUR OPEN DOORS SCHOLARSHIP

1 APPLICANT INFORMATION

Name: _____

Email: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

DOB: _____ Gender: M / F (check one) ☐ ☐

2 TO QUALIFY FOR FINANCIAL ASSISTANCE, PLEASE PROVIDE ALL THE FOLLOWING DOCUMENTS

I FILED FEDERAL TAXES LAST YEAR

- ☐ 1040 Federal Tax Form(s) for all incomes in the household
- ☐ I am providing 2 paycheck stubs from all adults in the household
- ☐ Documentation of government assistance such as food stamps, SSI, child support, etc.

$_____
TOTAL GROSS ANNUAL INCOME

OR

I DID NOT FILE FEDERAL TAXES LAST YEAR or **MY HOUSEHOLD INCOME HAS CHANGED** SINCE I FILED TAXES LAST YEAR.

☐ Documents showing most recent 30 days of income for all adults (including pay stubs or documentation of government assistance such as food stamps, SSI, child support, SSI, etc)

$_____ x 12 =
30 DAYS INCOME MONTHS

$_____
TOTAL GROSS ANNUAL INCOME

4 ALL PERSONS LIVING IN THE HOUSEHOLD

Please put a **X** for each family member applying for assistance

☐ **Parent/Guardian/Adult** _____
Relationship _____ DOB _____

☐ **Parent/Guardian/Adult** _____
Relationship _____ DOB _____

☐ **Child** _____ DOB _____
Relationship _____

☐ **Child** _____ DOB _____
Relationship _____

☐ **Child** _____ DOB _____
Relationship _____

5 Tell us YOUR story,and how the YMCA can benefit you and your family. (Attach a seperate sheet if needed)

3 I AM APPLYING FOR

MEMBERSHIP

- ☐ **YOUTH** (6 WEEKS - 17)
- ☐ **YOUNG ADULT** (18-26)
- ☐ **ADULT** (27-64)
- ☐ **SINGLE-PARENT FAMILY**
- ☐ **COUPLE**
- ☐ **HOUSEHOLD/FAMILY**
- ☐ **SENIOR (62+)**

PROGRAMS

- ☐ **CAMP**
- ☐ **AFTERSCHOOL**
- ☐ **YOUTH PROGRAMS** (please list)
  1. _____
  2. _____
  3. _____
- ☐ **HEALTHY LIVING PROGRAMS**

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

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 the approval process may take 3-5 business days to complete.

_____
Signature of person completing this form Date

Are you willing to Volunteer? (circle one) Yes or No

Please Note: ALL information provided is kept confidential and is required to verify your income and assistance qualifications.

Office Use Only

___ Tax Doc/Pay Stubs

___ Assistance Docs

Circle One: Approved / Denied

Department Head Approval:

Signature

Date: