



## YMCA of Greensboro

### Open Doors Program

Dear Applicant:

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.

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**The following documents are needed for processing your request:**

- \_\_\_\_\_ Open Doors Application
- \_\_\_\_\_ Copy of the 1<sup>st</sup> page of your 2008 tax return that was filed with the IRS (or last year filed)
- \_\_\_\_\_ Copy of all 2008 W-2 forms (**Please include W-2 forms for all persons in household**)
- \_\_\_\_\_ Copy of one month of paychecks stubs and proof of ALL other income that comes into the household. (Child support, Social Security, 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.
- \_\_\_\_\_ For foster children only provide a copy of stipend from DSS.

\* Other documentation may be requested.

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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.**



## YMCA of Greensboro Financial Assistance 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.*

**1. Applicant Information**

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

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_ Gender \_\_\_\_ DOB \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

**2. 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 \_\_\_\_

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

Academic or Job Training    Low Income    Rehabilitation Referrals    Unemployment

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

Rehabilitation Referral Other (please list with explanation) \_\_\_\_\_

\_\_\_\_\_

**4. Prior Scholarship Assistance:**

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

If yes, where \_\_\_\_\_ When \_\_\_\_\_

5. 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 \_\_\_\_\_

Other: \_\_\_\_\_

6. 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 \$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

8. How much can you afford to pay per person / per program? \$ \_\_\_\_\_

9. For Membership Only: How much per Month? \$ \_\_\_\_\_

10. 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

**11. 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.

<b>Office Use Only:</b>		
Applied For: _____ Membership	Type: _____	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: _____		
Comments/Notes: _____		