



**YMCA of Greensboro
Reidsville Family YMCA
Open Doors Program**

Office Use Only:

Name: _____

ID #: _____

Dear Applicant:

Thank you for your interest in the YMCA of Greensboro's Open Doors Program. Enclosed 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:

_____ Completed Program/Membership Application

_____ Open Doors Application

_____ Copy of the 1st page of your 2008 tax return that was filed with the IRS (or last year filed) complete with signatures

_____ Copy of all W-2 forms **(Please include W-2 forms for all persons in household)**

_____ Copy of the two most recent paycheck stubs, and proof of ALL other income that comes into the household. (Child support, Social Security, Disability, Unemployment, etc.) This information must be provided for both parents. 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.

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
Reidsville Family YMCA
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 _____ Middle Initial ____ Birthdate _____

Street _____ City _____ State ____ Zip Code _____

Home Phone _____ Work Phone _____

Applying Child / Youth (if applicable)

Last _____ First _____ Middle Initial ____ Birthdate _____

If you are applying for more than one child, please list additional children's name(s) below:

Last _____ First _____ Middle Initial ____ Birthdate _____

Last _____ First _____ Middle Initial ____ Birthdate _____

Last _____ First _____ Middle Initial ____ Birthdate _____

2. Family Information List name and date of birth for all individuals living in the same household who share living expenses (spouse, children, etc.). List only those who can be claimed as a dependent on your Federal Tax Return.

Last _____ First _____ Middle Initial ____ Birthdate _____

Last _____ First _____ Middle Initial ____ Birthdate _____

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

Unemployment Academic or Job Training Program Social/Emotional Need (Specify on attached sheet)

Rehabilitation Referral Other (please list with explanation) _____

4. Prior Scholarship Assistance:

Have you received scholarship from another Greensboro YMCA Branch before? ____ No ____ Yes

If yes, where _____ When _____

If this application is for Child Care, you must have been denied entitlement benefits from the Department of Social Services (DSS). Please attach your denial letter with this application.

5. I am applying for financial assistance for the following area:

- Membership - Please circle one: Adult Couple 1 Parent Family Family Youth
- Program - Please indicate what program: _____
- Child Care - Please circle one: After School Program Summer Camp
- Other: _____

6. **Employment Information:** Please complete all information and submit 2 most recent pay stubs for verification for all persons living in household who have income.

Applicant (or parent/guardian of youth)
Employer's Name and Address:

Phone #: _____

Spouse (or other adult, if applicable)
Employer's Name and Address:

Phone #: _____

7. **Monthly Income / Expense Worksheet** - Applications will be processed only after all information is submitted and the application is filled out completely. Applicants may be asked to provide documentation to verify their expenses.

Income:

- \$_____ 1) Your Gross Monthly Income
- \$_____ 2) Spouse's Gross Monthly Income
- \$_____ 3) Child Support
- \$_____ 4) Social Security or Disability
- \$_____ 5) Welfare (submit copy of card)
- \$_____ 6) Food Stamps
- \$_____ 7) Unemployment
- \$_____ 8) Other (please explain)

Expenses:

- \$_____ 1) Rent/Mortgage (Circle One)
- \$_____ 2) Auto Loan
- \$_____ 3) Utilities
- \$_____ 4) Phone (Listed in your name)
- \$_____ 5) Child Support
- \$_____ 6) Medical
- \$_____ 7) Child Care
- \$_____ 8) Other (Food, or please explain)

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

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

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 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, promotional materials with no compensation to me or my family.

Signature of Applicant

Date

8. 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.

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.