



YMCA Open Doors Scholarship Program Application

The YMCA of Hopkinsville, KY is a not-for-profit health and human services organization committed to helping people grow in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities, and incomes. The Y is community based and believes that its programs and services should be available to everyone. That's why the YMCA offers an OPEN DOORS program. The OPEN DOORS program is based on a sliding fee scale that is designed to fit each individual's financial situation. Over the years, we have found that the OPEN DOORS program is most utilized by:

- Adults who are temporarily out of work
- Those who are divorced and are experiencing financial hardships
- People on fixed incomes
- People who are overwhelmed by medical bills
- Those experiencing other financial hardships

The YMCA of Hopkinsville, KY requires that individuals provide the requested information on the attached form regarding income, family size, and necessary expenses so that it can provide financial assistance in a fair and consistent manner.

The YMCA requires that individuals reapply when requested to keep the information on their application updated.

Your fees are subject to increase when you reapply. If you do not reapply when requested, your enrollment may be terminated.

To process your application, we will need the following information:

- **Copy of Signed 1040 Tax Return, *must be provided***
- **Copy of last two pay stubs**
- **Copy of most recent social security or disability check (or copy of bank statement showing amount of automatic monthly deposit)**
- **Copy of child support/alimony agreement**
- **Copy of most recent unemployment pay stub**
- **If you are a student, copy of current class schedule, tax return, financial aid/loans**

You will be contacted within 5-7 business days regarding the status of your application. Please allow 5 days to process your application. After this period, you will receive a letter in the mail stating your Open Doors fee for membership or the program for which you have applied.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing that they are involved in an organization that cares greatly for the health and well being of people and it's committed to building strong kids, strong families and strong communities.

*Secure all information with this application and return it to the membership office at the YMCA. If proper documentation is not provided, you will not be eligible for assistance.

*Individuals applying for Summer Camp services must first look for aide through the Department of Social Services. If aide is unavailable, the DSS will provide a letter stating such. To qualify for Open Doors with the YMCA, that letter must be provided along with this application.

Please circle one: Membership Sports

FOR OFFICE USE ONLY		
New applicant _____	Renewal _____	Current Member _____
Membership Type		
Family _____	Adult Single _____	Single Parent _____ Senior Single _____
Senior couple _____	College _____	Teen _____
____ Tax form attached ____ Payroll stubs ____ Other income verification		



YMCA Open Doors Scholarship Program Application

Personal Information:

Name _____ Home phone _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Are you a full time student? _____ If yes where? _____

Are you married? _____ Total # of dependents _____ Is spouse a full time student? _____

List names (First and last) and ages of all persons in the household. Your household includes dependants you claim on your federal income tax return.

1) _____ Age _____ 2) _____ Age _____

3) _____ Age _____ 4) _____ Age _____

5) _____ Age _____ 6) _____ Age _____

7) _____ Age _____ 8) _____ Age _____

Employment Information:

Employer _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Length of Employment _____

Part time or Full time

Gross Monthly Income _____ Supervisor's Name _____

Spouse's Employer _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Length of Employment _____

Part time or Full time

Gross Monthly Income _____ Supervisor's Name: _____



YMCA Open Doors Scholarship Program Application

APPLICATIONS WILL BE PROCESSED AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY

Income/Expenses Worksheet

Income:

- \$ _____ 1) Your gross monthly income
- \$ _____ 2) Spouse's gross monthly income
- \$ _____ 3) Child support / Alimony
- \$ _____ 4) Unemployment Compensation
- \$ _____ 5) Retirement Income
- \$ _____ 6) Social Security
- \$ _____ 7) Disability
- \$ _____ 8) Aid to dependent children
- \$ _____ 9) KTAB (submit copy of stub)
- \$ _____ 10) Food stamps
- \$ _____ 11) Reduced lunch program
- \$ _____ 12) 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 (please explain)

\$ _____ Total monthly Income
(Household)

\$ _____ Total monthly Expenses

\$ _____ Total Annual Income
(Household)

Do you share expenses with anyone else in your household? _____

Total number in household. _____ How much can you afford to pay? _____

Reason applying for the OPEN DOORS program _____

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 OPEN DOORS program.

Signature of Applicant

Date