



WELCOME TO ALL

YMCA Open Doors Scholarship Program

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 Family YMCA of Black Hawk County ensures 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 believes that no one should be denied access to the Y based on their ability to pay. Through our **YMCA Open Doors Scholarship Program**, the Family YMCA of Black Hawk County provides financial assistance to families and adults based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the YMCA in a fair and consistent manner and is based on household income and number of dependents. Every YMCA member receives the benefits, regardless of whether or not they receive a scholarship. YMCA members 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.**



The YMCA Open Doors Scholarship Program reduces membership and program fees; it does not eliminate them.

Once you qualify, you will be granted financial assistance for 12 months.

The YMCA requires that individuals and families reapply annually, with updated documentation.

Terms of the Open Doors Scholarship Program are subject to change and any changes will take effect at your next reapplication.

If you do not reapply at the time requested, your scholarship benefits will expire within 30 days.

If you have any questions, please contact the Y at 319-233-3531.

FAMILY YMCA OF BLACK HAWK COUNTY

669 South Hackett Road, Waterloo IA 50701

P 319-233-3531 F 319-232-4109 W blackhawkyymca.org



Family YMCA of Black Hawk County Open Doors Scholarship Program Application

Name: _____ D.O.B.: _____ Spouse: _____ D.O.B.: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

This is an application for: Please check what membership you are interested in.

- Membership: Youth Young Adult Adult Couple Family Senior (65+) Senior Couple
 Other: Family Program Member Youth Program Member Before & After School After School
 Before School Early Learning Center (ELC) Summer Camp

List all dependents living in your household: (must claim on your taxes to be on your membership). Application cannot be processed without date of birth information.

Name	Date of Birth	Driver's License/School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUIRED INFORMATION FOR APPLICANT

MONTHLY GROSS	APPLICANT	SPOUSE
Salary Wages	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Social Security/Retirement	\$ _____	\$ _____
SSI/Disability	\$ _____	\$ _____
Housing Assistance	\$ _____	\$ _____
School loans/Grants	\$ _____	\$ _____
Foster Care Assistance	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Total	\$ _____	\$ _____

REQUIRED DOCUMENTATION

Please submit your completed application along with proof of income, including: Income Tax Form 1040 (must show dependents), two most recent pay check stubs, Proof of Child Support Foster Care Assistance SSI/Disability Statement, Food Stamp Award Letter, Housing Assistance Letter, Security Statement

Please share any other information or extenuating circumstance you would like to be considered as part of the application. Please fill out the information on the back of this page.

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any changes in my income. I understand that this financial assistance is short term and, will be reviewed whenever it is deemed necessary. I understand that any falsification of information, continuous late payments or NFSs may be ground for termination of financial aid.

Signature of person completing this form _____

Date _____

