



# 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 Open Doors Scholarship Program Application

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Spouse: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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	Relationship	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please give a short explanation of why you are requesting financial assistance. *Attach a separate sheet of paper if needed.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REQUIRED INFORMATION FOR APPLICANT

Applicant's Employer \_\_\_\_\_

Phone Number \_\_\_\_\_

Full Time  Part Time Hours worked per Week \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Phone Number \_\_\_\_\_

Full Time  Part Time Hours worked per Week \_\_\_\_\_

Monthly Gross Income \$ \_\_\_\_\_

Other Household Income \$ \_\_\_\_\_

Total Monthly Gross Income \$ \_\_\_\_\_

Please list the dollar amount you are willing to pay or have the ability to pay?

Membership \$ \_\_\_\_\_ per month Program \$ \_\_\_\_\_ per session

**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

I understand that this financial assistance is short term only. I am enclosing copies to verify my income:

Last 2 most recent Pay Stubs  Letter from Government Agency

Most recent Income Tax Return

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.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of person completing this form