



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

KENNEBEC VALLEY YMCA

OPEN DOORS SCHOLARSHIP PROGRAM

Financial Assistance Application





FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OPEN DOORS SCHOLARSHIP PROGRAM

The KV YMCA offers the Open Doors Scholarship Program. It is a sliding fee scale that is designed to fit each individual's financial situation. The KV YMCA believes a strong sense of ownership and pride is established if the scholarship recipient has contributed to the cost of their YMCA involvement; therefore, you will be asked to pay some portion of the fees. If acceptable, a volunteer work program can be arranged. Scholarships will be awarded on a first-come, first-serve basis, subject to available resources. The KV YMCA requires that individuals reapply upon expiration to keep information on your application current. The fees may be subject to change when you reapply.

The KV YMCA requires that individuals provide the following documents and copies:

NEW APPLICANT:

- COPY OF TWO MOST RECENT PAY STUBS
- COPY OF TWO MOST RECENT BANK STATEMENTS
- PROOF OF GOVERNMENT FUNDING (SOCIAL SECURITY, DISABILITY, FOOD STAMPS, ETC.)
- PROOF OF CHILD SUPPORT PAYMENTS
- PROOF OF WORKER'S COMPENSATION OR UNEMPLOYMENT
- ONE REFERENCE LETTER FROM A NON-FAMILY MEMBER STATING WHY YOU OR YOUR FAMILY WOULD BENEFIT FROM MEMBERSHIP AT OUR Y

RENEWAL:

- SAME AS ABOVE, BUT DO NOT NEED TO SUBMIT A REFERENCE LETTER

PROGRAM SCHOLARSHIP APPLICANT:

- ALL PROGRAM SCHOLARSHIP APPLICANTS MUST BE FULL MEMBERS.
- CURRENT MEMBERS DO NOT NEED TO SUBMIT INCOME VERIFICATION OR A RECOMMENDATION LETTER. PLEASE FILL OUT PAGE 5-6 OF APPLICATION. SPECIFY EXACTLY WHAT PROGRAMS YOU ARE REQUESTING A SCHOLARSHIP FORM (I.E. SESSION, DAYS, TIMES).

YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL APPLICABLE INFORMATION AND MATERIALS ARE PROVIDED. IF AN ITEM DOES NOT PERTAIN TO YOU IT DOES NOT NEED TO BE INCLUDED. WE MAY REQUEST TO SEE A COPY OF YOUR MOST RECENT TAX RETURN. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

THANK YOU FOR CHOOSING THE KV YMCA!

THE SCHOLARSHIP FUNDS AVAILABLE FOR THE OPEN DOORS PROGRAM ARE MADE POSSIBLE THROUGH THE GENEROSITY OF THE UNITED WAY, OUR MEMBERS, LOCAL BUSINESSES, AND THE KENNEBEC VALLEY COMMUNITY.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DATE: _____

APPLICANT INFORMATION:

PLEASE CIRCLE TYPE OF APPLICATION: NEW OPEN DOORS RENEWAL PROGRAM

NAME: _____ GENDER: _____ DOB _____

NAME OF 2ND ADULT IN HOUSEHOLD: _____ DOB _____

ADDRESS:

CITY: _____ STATE: _____ ZIP
CODE: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE:

E-MAIL _____ EMPLOYER: _____

LENGTH OF EMPLOYMENT: _____ EMERGENCY CONTACT: _____

RELATIONSHIP: _____ PHONE: _____

MEMBERSHIP TYPE:

- | | | |
|----------------|---------------------|------------------|
| ADULT | FAMILY * | TEEN (13-18) |
| SENIOR * | ONE PARENT FAMILY | YOUTH (UP TO 12) |
| SENIOR COUPLE* | YOUNG ADULT (19-23) | |

**Senior Couple:* A married couple in which one of the spouses is 65 years or older

**Family:* Two adults and dependent children in the home and college students through 23 with proof of current college course schedule

**One Parent Family:* As above, but only one parent is a member

DEPENDENTS: Please list your household dependents.

NAME	DOB	GENDER
-------------	------------	---------------

1.

2.

3.

4.

5.



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

PLEASE LIST ALL PERSONS THAT YOU WISH TO BE ON THE MEMBERSHIP:

1.

2.

3.

4.

5.

6.

INCOME:	YES	NO	YOU	2ND ADULT	ADDITIONAL FAMILY MEMBERS
What is the average amount of hours you work per week?	 	 	/WK	/WK	/WK
What is your hourly wage?	 	 	/WK	/WK	/WK
Do you receive Social Security?			/MO	/MO	/MO
Do you receive Disability?			/MO	/MO	/MO
Do you receive Welfare?			/MO	/MO	/MO
Do you receive Child Support or Alimony?			/MO	/MO	/MO
Do you receive Food Stamps?			/MO	/MO	/MO
Do you receive Pension?			/MO	/MO	/MO
Do you receive Family Support?			/MO	/MO	/MO
Do you receive Housing Assistance?			/MO	/MO	/MO
Is there any other funding that you receive?			/MO	/MO	/MO

A copy of your last 2 pay stubs & proof of ANY and ALL income must be provided.



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

FUNDING: If you receive funding from an agency (such as The Children’s Center) that could help pay for your membership or program fees, please list. Documentation must be provided.

EXPENSES: Please explain any extraordinary expenses.

APPLICANT'S DESCRIPTION OF NEED: Please briefly state why you wish to receive a scholarship at the KV YMCA and how it will benefit you and/or your family.

WOULD YOU LIKE TO BE CONSIDERED FOR OPEN DOORS PROGRAM SCHOLARSHIP? IF SO, FOR WHOM AND IN WHICH AREAS?

SWIM LESSONS FOR: _____ **SPORTS** FOR: _____

SWIM TEAM FOR: _____ **CHILDCARE** FOR: _____

FITNESS CLASSES FOR: _____ **CAMP KV** FOR: _____

PRESCHOOL ENRICHMENT FOR: _____ **OTHER:** _____

ARE YOU INTERESTED IN VOLUNTEERING? _____ YES _____ NO

I FEEL I CAN PAY \$ _____ PER MONTH TOWARDS MY MEMBERSHIP

I FEEL I CAN PAY \$ _____ TOWARDS A PROGRAM



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Because we are a safe and welcoming environment we ask you to please answer the following questions:

Has anyone listed on this membership been convicted of a sexual offense? _____ **Yes** ___ **No**

Has anyone listed on this membership been convicted of a crime other than a traffic offense?

_____ **Yes** _____ **No**

If **YES**, please describe the type of crime and date of conviction. You may be contacted by a KV YCMA representative before your membership can be processed.

PLEASE VERIFY ALL INFORMATION PROVIDED.

All members are required to follow the KV YMCA Membership Policy (available upon request) or on our website: www.kvymca.org. The KV YMCA reserves the right to revoke or deny any membership or facility usage. The protection of members and guest participate in programs and/or using the facility is a paramount interest of the KV YMCA.

I, _____, verify that, to the best of my knowledge, all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the KV YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the KV YMCA within 30 days, I may be terminated from the Open Doors Program.

I understand that to remain eligible for the Open Doors Program, I must be a KV YMCA participant in good standing and comply with the following terms:

1. I will pay all required fees by their dues date. I understand that any delinquencies in payments (i.e, late payments, returned checks or automatic transfers) may result in termination of my financial assistance.
2. I am responsible for reapplying to the Open Doors Program upon expiration. It is my responsibility to submit the most current income materials for re-evaluation of my application. I understand that no financial assistance will be applied retroactively. I also understand that all scholarship fees may be subject to change upon renewal.
3. In signing this consent statement, I agree to use the equipment and waive liability against the Kennebec Valley YMCA (KV YMCA) and/or its staff and directors. In the event of a medical emergency, I authorize a representative of the KV YMCA to seek medical attention on my behalf. I also give my permission for any photograph and other media materials for myself and/or my family members to be used for promotional use by the KV YMCA with no compensation to me or my family.

Signature of Applicant

Date