



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# OPEN DOORS

## REQUEST FOR FINANCIAL ASSISTANCE

### The YMCA of Greenville Open Doors Program

**IMPORTANT: Please Read the following information carefully before completing the application process.**

The YMCA of Greenville requires that individuals provide the requested information on the attached form regarding income and family size so that it can provide financial assistance in a fair and consistent manner. The YMCA also 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 most recent tax return
- ⇒ Copy of two recent pay stubs for each working person
- ⇒ Copy of social security or disability checks (if applicable)
- ⇒ Copy of bank statement
- ⇒ Copy of recent welfare benefits, food stamps, and/or section 8 housing letter (if applicable)
- ⇒ Copy of unemployment benefits statement
- ⇒ If you have no income, a notarized letter from person(s) who provide your monthly living expenses.

**If you do not provide these forms, your application process will be delayed until you can provide us with verification of income.**

- Eligibility:
1. Applicant must live or work in YMCA branch service area.
  2. Assistance will be awarded on the basis of financial need.
  3. Scholarship eligibility will be reviewed annually or as deemed necessary.

Note: If you do not have a copy of your recent tax return, you may obtain one by calling the IRS at 1-800-829-1040. **If you did not file taxes this year, or if you do not have the other documents required, please submit a letter explaining your personal situation.**

**Please allow a least 30 days to process your application.** You will receive a letter in the mail stating whether or not you have been approved. After this period, you may call the YMCA to see if your application has been approved or to see if additional information is needed.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing they are involved in an organization that cares greatly for the health and well-being of people and is committed to youth development, healthy living and social responsibility.

# YMCA SCHOLARSHIP APPLICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email \_\_\_\_\_

Have you previously applied for a YMCA scholarship? ( ) Yes ( ) No When? \_\_\_\_\_

Are you currently a YMCA member? ( ) Yes ( ) No If Yes, at which branch? \_\_\_\_\_

Are you currently receiving financial assistance for any other YMCA branch in our Association? \_\_\_\_\_

If yes, which branch: \_\_\_\_\_

Please check one: ( ) Single ( ) Married ( ) Separated/Divorced ( ) Widowed

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please list the first and last names of all dependents living in your household. You may be required to show proof of residency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_

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

Employer's Address \_\_\_\_\_

If you are a STUDENT, are you currently enrolled in school? \_\_\_\_\_ Name of school \_\_\_\_\_

Part Time ( ) Full Time ( ) Be sure to attach a recent copy of your class schedule.

(Application will not be processed without proof. Assistance applies only to full time students.)

Programs for which you need assistance. Please check all that apply.

- |                                       |  |                                      |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Membership   | <input type="checkbox"/> Summer Day Camp         | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Aquatics     | <input type="checkbox"/> Resident Camp           | <input type="checkbox"/> Classes     |
| <input type="checkbox"/> Youth Sports | <input type="checkbox"/> After School/Child Care |                                      |

# INCOME WORKSHEET

## INCOME

Gross monthly income\* \$ \_\_\_\_\_  
Spouse's gross monthly income\* \$ \_\_\_\_\_  
Child Support (if receiving)\* \$ \_\_\_\_\_  
Welfare (submit copy)\* \$ \_\_\_\_\_  
Alimony (if receiving)\* \$ \_\_\_\_\_  
Aid to Dependent Children (if receiving)\* \$ \_\_\_\_\_  
Food Stamps (if receiving)\* \$ \_\_\_\_\_  
Housing Assistance (if receiving)\* \$ \_\_\_\_\_  
Other (Please explain)\* \$ \_\_\_\_\_  
\_\_\_\_\_  
Total Monthly Income \$ \_\_\_\_\_

\*Please include proof of income

## TYPES OF YMCA MEMBERSHIPS

- ADULT:** a membership for one person who is between 18 and 64 years of age.
- FAMILY/HOUSEHOLD:** a membership for two or more adults and any children under the age of 18 or any dependents who can prove they live in the household.
- YOUNG ADULT:** a membership for one person who is between the ages of 13 and 23.
- YOUTH:** A membership for one person 12 years of age and under.
- SINGLE PARENT FAMILY:** a membership a single parent and any children under the age of 24.
- SENIOR ADULT:** a membership for one person who is 65 years of age or older.
- SENIOR FAMILY:** a membership for a husband and wife, 65 years of age or older and any dependents under the age of 24.

**Please list and document any special circumstances that contribute to your request for financial assistance. If necessary, you may use an additional sheet.**

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## RELEASE FORM

1. I certify the above information to be true. I understand that if any information is found to be false, my membership may be subject to termination.
2. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA participation. I understand I will be asked to pay a portion of the fees through a monetary commitment and that failure to complete my financial commitment will prohibit me from applying again until those fees are paid.
3. If my financial circumstances improve or reach a level where I no longer require assistance, I agree to notify the YMCA so that others in need may avail themselves of assistance.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Approved? Yes \_\_\_\_\_ No \_\_\_\_\_ % Awarded \_\_\_\_\_

Will Pay \$ \_\_\_\_\_ per month and a one-time joining fee of \$ \_\_\_\_\_

Annual amount is \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

**Caine Halter Family YMCA**

721 Cleveland Street, Greenville, SC 29601, 864 679 9622

**Eastside Family YMCA**

1250 Taylors Road, Taylors, SC 29698, 864 292 2790

**George I. Theisen Family YMCA**

100 Inspirational Way, Travelers Rest, SC 29690, 864 834 2400

**Golden Strip Family YMCA**

100 Adams Mill Road, Simpsonville, SC 29681, 864 963 3605

**GHS Family YMCA**

550 Brookwood Point Place, Simpsonville, SC 29681, 864 963 3605

**YMCA Camp Greenville**

P.O. Box 390, Cedar Mountain, NC 28718, 864 836 3291

**YMCA Judson Community Center**

2 Eighth Street, Greenville, SC 29611, 864 271 8800

**YMCA Teen Services**

612 B/C South Main Street, Greenville, SC 29601, 864 283 6800

