

COMMONLY ASKED QUESTIONS

Who is Eligible for the YMCA's Open Doors Scholarship Program?

An older adult, couple or family on a fixed income, a single parent trying to make ends meet, a family in transition or covered over in medical expenses, someone who needs a little help for a while - all of these are the faces of the YMCA Open Doors Scholarship Program.

How is the Scholarship amount determined?

We offer a sliding fee scale based on the annual gross household income and the number of dependents. Each application is reviewed individually and special situations are taken into consideration when evaluating the scholarship amount.

How soon is the amount determined?

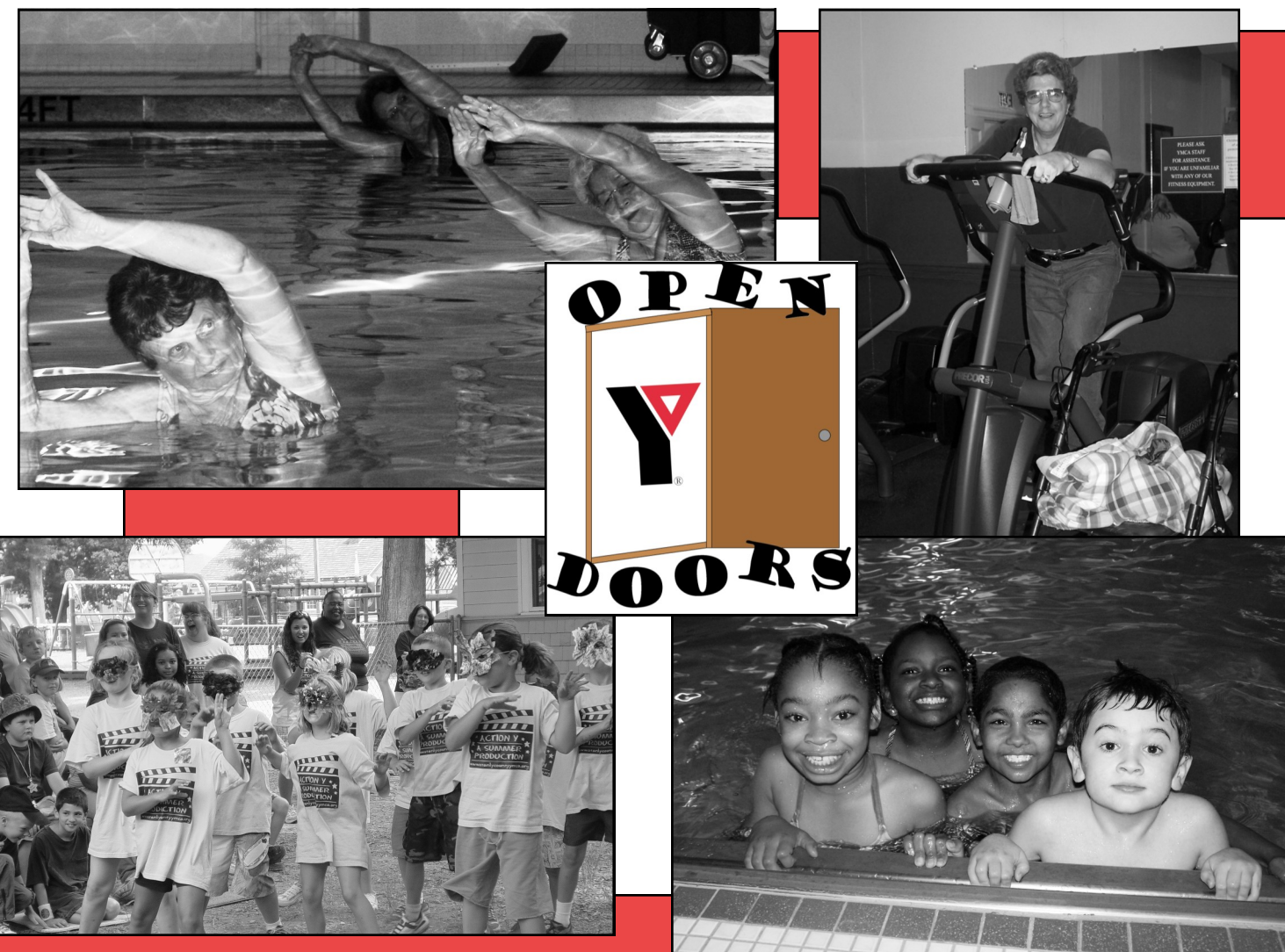
Complete applications will be reviewed within 14 working days. Please submit your completed application along with proof of income (see required documentation box inside). You will be notified of your application status by mail. If an email is provided, your notification will be sent electronically.

Will I be treated differently? Will other members know that I am on scholarship?

Only you and the YMCA staff member evaluating your application will have access to the information you provide. You will have all privileges granted to a YMCA member or participant with nothing designating you as a scholarship recipient.

The YMCA is a non-profit association offering opportunities for personal growth and service to others. To support our scholarship members and participants, we ask applicants to complete a confidential form. The YMCA strives to serve all segments of the community. Within our available resources, every effort will be made to accommodate all who wish to participate in YMCA programs and services.

No one will be denied to any YMCA program or service solely on the in ability to pay.



YMCA Open Doors Scholarship Program

Thank you for applying for financial assistance through the *Open Doors Scholarship Program* of the Stanly County Family YMCA. The Stanly County Family YMCA is a nonprofit, community-based health and human services organization that is committed to helping people achieve their full potential in spirit, mind, and body. The YMCA *Open Doors Scholarship Program* is available to people of all ages, backgrounds, abilities, and incomes.

Each year the Stanly County Family YMCA provides over \$200,000 in scholarship assistance. These funds are made possible through the generous gifts from our members and donors to the *Strong Communities* annual fundraising campaign, grants, and special events.

Stanly County Family YMCA
We Build Strong Kids, Strong Families, Strong Communities

427 North First Street • Albemarle NC • 28001 • 704-982-1916

www.stanlycountyymca.org

Mission: "To Put Christian Principles into Practice through Programs that Build a Healthy Spirit, Mind, and Body for All."



**Stanly County Family YMCA
Open Doors Scholarship Application**

Are you currently a Member? (please circle) Yes No
Application for (please circle)
Adult Membership Senior Membership Family/Household Senior Household
Afterschool Summer Camp Youth Sports

Referred to YMCA by: _____
Name: _____
Birthdate ___/___/___ circle one: Male Female
Address: _____
City: _____ Zip: _____
Telephone: _____
Cell: _____
Employer: _____
Email: _____

Spouse/Other Adult in household
(please note, only 2 adults in household may be on membership)
Name: _____
Birthdate ___/___/___ circle one: Male Female
Employer: _____
My circumstances are temporary and/or extraordinary. I will need assistance until _____. *Please attach a letter of explanation.*

Applications turned in with complete attached income documentation will be reviewed within 14 working days. A notification will be sent via mail/email to the address provided above stating your award.

STATEMENT OF UNDERSTANDING

I understand that the Stanly County Family YMCA is a nonprofit organization and that scholarships are made possible through the generosity of donors and members.

I understand that my subsidy will have an expiration date and a new application must be completed to renew my scholarship.

I understand that if my subsidy is revoked or expires, my membership or program fees will revert to full price. I further understand that expiration or revocation of my subsidy does not cancel my membership.

I understand that I must submit all required documentation in order for my application to be reviewed.

For Office Use Only

Program Fee _____	YMCA Subsidy % _____	YMCA Subsidy \$ _____	Member \$ _____
Joining Fee _____	YMCA Subsidy % _____	YMCA Subsidy \$ _____	Member \$ _____
Yearly Fee _____	YMCA Subsidy % _____	YMCA Subsidy \$ _____	Member \$ _____
Monthly Fee _____	YMCA Subsidy % _____	YMCA Subsidy \$ _____	Member \$ _____

Children (Legal dependents 18 & under, or 23 and under if a full-time student) If more than 4 please provide additional information on a separate piece of paper.

Full Name: (first and last)	Relationship	Birthdate	Gender:	School Attending:

TOTAL GROSS HOUSEHOLD INCOME

Are you employed?..... No... Yes \$ _____ per month
Is your spouse/other adult in household employed? No... Yes \$ _____ per month
Are any of your children employed? No... Yes \$ _____ per month
Do you/other adult receive unemployment benefits? No... Yes \$ _____ per month
Are you/other adult receiving Social Security Benefits? No... Yes \$ _____ per month
Are you receiving Spousal Support?..... No... Yes \$ _____ per month
Are you /other adult receiving Child Support? No... Yes \$ _____ per month
Are you/other adult receiving Social Security for Dependent Children?. No... Yes \$ _____ per month
Are you/other adult receiving Food Stamps?..... No... Yes \$ _____ per month
Are you/other adult receiving Disability or Veterans Benefits? No... Yes \$ _____ per month
Are you/other adult receiving 401K/Retirement Funds? No... Yes \$ _____ per month
Are you/other adult receiving support from family, home country, other? No... Yes \$ _____ per month
Are you/other adult receiving Student Loans? No... Yes \$ _____ per month
Are you/other adult receiving housing allowance on rent? No... Yes \$ _____ per month
What is your monthly rent or house payment \$ _____ per month
Name of Landlord _____ Total \$ _____ per month
Phone # _____

Please attach separate sheet of paper explaining any extraordinary circumstances that should be taken into consideration when reviewing this application.

I agree to notify the YMCA if my financial situation improves, so that my subsidy can be reevaluated, thus providing more opportunities for others in need.

I understand that scholarships will be awarded on a first-come, first-served basis, subject to available funds and eligibility.

I understand that all YMCA members and participants receive the same benefits, regardless of whether or not they are receiving assistance. I further understand that I am joining an organization that cares greatly for the health and well-being of all people and is committed to building strong kids, strong families, and strong communities.

I certify that all information provided in this application is true and complete to the best of knowledge,

Signature Date

Executive Approval _____	Date Approved _____
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**YMCA OPEN DOORS
REQUIRED DOCUMENTATION**

Please submit your completed application along with all documentation listed below that applies to all persons in your household.
Required items to process your form:

- Federal Income Tax Form 1040**
Staff: Only need 1st 2 pages/ can not take W2s
- Your last two (2) most recent paycheck stubs of working adults in your household or last two (2) unemployment stubs, and/or**
- Government Assistance Verification** (disability statement, Social Security statement, case benefit history, foster care assistance, etc.), **and/or**
- Other assistance/ income verification** (child support, alimony, student loans, and or grants.)
- Three personal references**

Our staff will review your information when you bring it in!

Date _____ Staff _____

We can make copies of your forms for you if you are unable to do so. An award letter will be sent or emailed to you in 14 days to the address you provide.

After reviewing application, all documentation other than application will be shredded and destroyed.

NAME _____