



YMCA Open Doors Scholarship Program Application

The YMCA of Hopkinsville, Kentucky is a not-for-profit health and human services organization committed to helping people grow in spirit, mind and body. YMCAs serve people of all ages, backgrounds, abilities, and incomes. The YMCA is community-based and believes its programs and services should be available to everyone. The YMCA offers an OPEN DOORS scholarship program which is based on a sliding fee scale.

The YMCA of Hopkinsville requires individuals to provide the requested information on the attached forms regarding income, family size, and necessary expenses so financial assistance can be provided in a fair and consistent manner. The YMCA requires individuals to reapply when requested (yearly, at a minimum) in order to keep the information updated.

Your fees are subject to increase when you reapply. If you do not reapply when requested, your enrollment will be terminated. Accounts which have been submitted to the collection agency may not be eligible to apply for Open Doors.

**To process the application, we will need the following information (for total household):
(as applicable to your situation)**

- A completed application
- A copy of signed 1040 tax return
- A copy of most recent social security or disability check (or copy of bank statement showing amount of automatic monthly deposit)
- A copy of last two pay stubs
- A copy of child support/alimony agreement
- A copy of SNAP benefits
- A copy of most recent unemployment pay stub
- A copy of current class schedule and financial aid/loans if you are a student

Please allow 10-14 business days for your application to be processed. After this period, you will be contacted regarding the status of your application.

All YMCA members receive the same membership benefits. YMCA members are involved in an organization that cares for the health and well-being of people, and the YMCA is committed to building strong kids, strong families, and strong communities.

*Secure all information with this application and return to the membership department at the YMCA. Please note, you will not be eligible for assistance if proper documentation is not provided.

**Individuals applying for Summer Camp services must first look for aide through the Department of Community Based Services (DCBS). A letter will be provided by DCBS if aide is unavailable. To qualify for Open Doors with the YMCA, that letter must be provided along with this application.

Please circle one: Membership Sports Summer Camp

FOR OFFICE USE ONLY			
New applicant_____	Renewal_____	Current member_____	
Membership Type			
Family_____	Adult Single_____	Single Parent_____	Senior Single_____
Senior Couple_____	College_____	Teen_____	
Tax form attached	Payroll stubs	Other income verification	



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Personal Information:

Name _____ Phone _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Are you a full time student? _____ If yes, where? _____

Are you married? _____ Total # of dependents _____ Is spouse a full time student? _____

List names (first and last) and ages of all persons in the household.

1) _____ Age _____ 2) _____ Age _____

3) _____ Age _____ 4) _____ Age _____

5) _____ Age _____ 6) _____ Age _____

7) _____ Age _____ 8) _____ Age _____

Employment Information:

Applicant

Employer _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Length of Employment _____

Part time or Full time

Gross Monthly Income _____ Supervisor's Name _____

Spouse/Other members of household

Employer _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Length of Employment _____

Part time or Full time

Gross Monthly Income _____ Supervisor's Name _____



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**APPLICATIONS WILL BE PROCESSED AFTER THE APPLICATION IS COMPLETED
AND ALL INFORMATION IS SUBMITTED**

Income/Expenses Worksheet

Income:

- \$ _____ 1) Applicant's gross monthly income
- \$ _____ 2) Spouse/other household member's gross monthly income
- \$ _____ 3) Child support
- \$ _____ 4) Alimony
- \$ _____ 5) Unemployment Compensation
- \$ _____ 6) Retirement Income
- \$ _____ 7) Social Security
- \$ _____ 8) Disability
- \$ _____ 9) Aid to dependent children
- \$ _____ 10) KTAP (submit copy of stub)
- \$ _____ 11) SNAP benefits
- \$ _____ 12) Reduced lunch program
- \$ _____ 13) Financial Aid
- \$ _____ 14) Other (please explain)

Expenses:

- \$ _____ 1) Rent/Mortgage (Circle one)
- \$ _____ 2) Utilities (Gas/propane, water, electric)
- \$ _____ 3) Vehicle loan
- \$ _____ 4) Phone (listed in your name)
- \$ _____ 5) Child support
- \$ _____ 6) Alimony
- \$ _____ 7) Medical
- \$ _____ 8) Child care
- \$ _____ 9) Insurance (please specify)
- \$ _____ 10) Other (please explain)

\$ _____ Total monthly income (Household)

\$ _____ Total monthly expenses

\$ _____ Total annual income (Household)

Do you share expenses with anyone else in your household? _____

Total number in household _____ How much can you afford to pay? _____

What is your reason for applying for the OPEN DOORS program?

I verify that all the information submitted is correct, complete, and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the OPEN DOORS program.

Signature of Applicant

Date