

Open Doors

Application for Financial Assistance



YMCA of South Hampton Roads

Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.

Open Doors

The YMCA of South Hampton Roads is a nonprofit, community-based, health and human services organization committed to helping people achieve their full potential in spirit, mind and body. The YMCA's doors are open to people of all ages, backgrounds, abilities and incomes.

The OPEN DOORS program follows a sliding fee scale, designed to fit each individual's financial situation. In order to foster a sense of ownership in the YMCA, you will be asked to pay some portion of the fees. If acceptable, a volunteer work program will be arranged.

The funds available for OPEN DOORS are made possible through the generosity of our members and donors in the *We Build People* annual support campaign.

In order to provide financial assistance in a fair and consistent manner, the YMCA of South Hampton Roads requires that individuals provide the requested information on the attached form regarding income, family size and expenses. All personal information will be kept confidential. The YMCA will review assistance eligibility after a six-month period; you may be required to reapply and/or your fees may be subject to change. If you do not reapply when requested, your enrollment may be terminated.

To process your application, we need the following information:

- Copy of last year's tax return
 - Copy of last two pay stubs/LES (military)
- OR
- Copy of social security or disability checks (or copy of bank statements showing amount of automatic monthly deposit)
 - Documentation of any Federal Assistance such as food stamps, rent subsidy or Aid to Dependent Children cash assistance
 - Child support agreement

NOTE: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service. If you did not file taxes last year, or if you don't have the other documents required, please submit a letter explaining your personal situation.

A YMCA Director will determine financial assistance eligibility after thoroughly reviewing your application. Your application will not be processed until all required documents are provided. Please allow one week to process your application. You will be notified within one week if your application has been approved or if you need to submit additional information. **Scholarships will be awarded on a first come, first served basis, subject to available funds and eligibility.** If applying for child care financial assistance, you must be working or attending school. Documentation is required.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people, an organization committed to building strong kids, strong families and strong communities.



South Hampton Roads

Request for Financial Assistance

YMCA Branch _____ Date _____
Applicant's Name _____ Home Phone (____) _____
Place of Employment _____ Business Phone (____) _____
Spouse _____ Home Phone (____) _____
Place of Employment _____ Business Phone (____) _____
Home Address _____ Apt. _____
City _____ State _____ Zip _____
Total number of persons dependent on income per income tax return: _____
Are you a current YMCA member? Yes No If yes, which branch? _____
Are you currently receiving financial assistance from another YMCA branch? Yes No

Person(s) Seeking Financial Assistance

Name	Age	Date of Birth	Which Program/Membership?
1. _____			
2. _____			
3. _____			
4. _____			

Gross Monthly Household Income

	Spouse #1	Spouse #2	Describe any unusual expenses you must meet: _____
Employment	_____	_____	_____
Child Support	_____	_____	_____
Government Assistance	_____	_____	Additional reason/circumstances for applying for financial assistance: (use back if necessary) _____
Food Stamps	_____	_____	
Other	_____	_____	_____
Total	_____	_____	_____

I am able to pay \$_____ toward the cost of the program/membership per week/per month. (circle one)

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 change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

Signature _____ Date _____

Applications will not be processed until complete, with all required documents.

