



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Application for Scholarship / Financial Aid

The Y's Mission: To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

Our Cause: At the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income, or background, has the opportunity to learn and grow.

Who We Are: The Y is the nation's leading nonprofit committed to strengthening communities through youth development, healthy living, and social responsibility.

- **Youth Development - Nurturing the potential of every child and teen.** Nine million youth are taking a greater interest in learning; making smarter life choices; and cultivating the values, skills, and relationships that lead to positive behaviors, the pursuit of higher education and goal achievement.
- **Healthy Living - Improving the nation's health and well-being.** Millions of adults and youth receive the support, guidance, and resources needed to achieve better health and well-being.
- **Social Responsibility - Giving back and providing support to our neighbors.** Across the country, the Y helps people give back and assist their neighbors by offering them opportunities to volunteer, advocate and support programs that strengthen community.

This program is designed to better meet the needs of individuals and families that might not be able to pay the full price of a Y Membership or Child Care based on financial situations. This program is intended to help those in need by adjusting the cost of membership fees based on household income.

The Valley of the Sun YMCA is a not-for-profit social services organization, committed to helping people grow in spirit, mind, and body. The Y is here to serve people of all ages, backgrounds, abilities, and incomes. The Y offers the OPEN DOORS program because we are a community based organization and we believe that programs and services should be available to everyone. OPEN DOORS is a sliding fee scale that is designed to fit each individual's or family's financial situation.

Valley of the Sun YMCA
350 N. 1st Avenue, Phoenix, AZ 85003
Main Line: 602-257-5120
Fax: 602-257-5136
www.valleymca.org



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Here is some important information that you should know about the Y's Open Doors Program

1. Please allow two to four weeks to process your application. Individuals will be notified by *mail* whether or not they qualify for the YMCA OPEN DOORS program.
2. In order for any OPEN DOORS application to be processed, individuals must provide all requested information along with proof of all household income.
3. The YMCA OPEN DOORS program will award a maximum of 30% off membership, program, and childcare fees. *Some specialty services are excluded from the OPEN DOORS program.*
4. All YMCA Memberships must be paid monthly through checking, savings, or credit card bank draft or paid in full for six months.
5. The Membership Joining Fee will be waived upon acceptance into the *OPEN DOORS* program.
6. All accepted OPEN DOORS applications for YMCA expire six months after approval.
7. You must include *current* financial information each time you re-apply.
8. Program, membership, and childcare fee's are subject to increase when you re-apply for the OPEN DOORS program.
9. All YMCA members receive the same membership benefits, and childcare, regardless of whether or not they are receiving assistance.

TO PROCESS YOUR APPLICATION, WE WILL NEED COPIES OF ANY ITEMS BELOW THAT APPLY TO YOUR FINANCIAL CIRCUMSTANCES:

- Last year's 1040's / W2's
- Last year's tax return
- Last two recent pay stubs
- Award letter(s) for:
 - Social Security or Disability
 - Child Support or Alimony
 - SNAP
 - TANF
 - WIC
 - Retirement or Pension
 - DES worksheet
 - Unemployment
- Documentation of any and all income for your household



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**APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS
SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY.**

PERSONAL INFORMATION:

Applicant _____ ☐ M / ☐ F
Last Name: _____ First Name: _____ Date of Birth: ____/____/____
Email Address: _____ Home Telephone: (____) _____ Cell Number: (____) _____
Street Address: _____ City: _____ State: _____ Zip: _____

LIST FULL NAMES AND AGES OF ALL PERSONS IN THE HOUSEHOLD:

Your household includes dependants you claim on your federal income tax return.

_____	_____	____/____/____	<input type="checkbox"/> M / <input type="checkbox"/> F
First Name	Last name	Date of Birth	
_____	_____	____/____/____	<input type="checkbox"/> M / <input type="checkbox"/> F
First Name	Last name	Date of Birth	
_____	_____	____/____/____	<input type="checkbox"/> M / <input type="checkbox"/> F
First Name	Last name	Date of Birth	
_____	_____	____/____/____	<input type="checkbox"/> M / <input type="checkbox"/> F
First Name	Last name	Date of Birth	
_____	_____	____/____/____	<input type="checkbox"/> M / <input type="checkbox"/> F
First Name	Last name	Date of Birth	
_____	_____	____/____/____	<input type="checkbox"/> M / <input type="checkbox"/> F
First Name	Last name	Date of Birth	
_____	_____	____/____/____	<input type="checkbox"/> M / <input type="checkbox"/> F
First Name	Last name	Date of Birth	

EMPLOYMENT INFORMATION:

Company: _____ Position: _____ Office Telephone: (____) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Length of Employment: _____ Year(s) _____ Month(s) ☐ Full Time ☐ Part Time
Gross Monthly Income: (Before taxes / deductions) \$ _____

SPOUSE / PARTNER EMPLOYMENT INFORMATION:

Company: _____ Position: _____ Office Telephone: (____) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Length of Employment: _____ Year(s) _____ Month(s) ☐ Full Time ☐ Part Time
Gross Monthly Income: (Before taxes / deductions) \$ _____



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Income:

\$ _____ Gross Monthly Income
\$ _____ Spouse Monthly Income
\$ _____ Child Support
\$ _____ Welfare
\$ _____ Food Stamps
\$ _____ Disability
\$ _____ Social Security
\$ _____ Alimony
\$ _____ Other
\$ _____ Other
\$ _____ **Total Monthly Income**

Expenses:

\$ _____ ☐ Mortgage ☐ Rent
\$ _____ Auto Loan
\$ _____ Utilities
\$ _____ Phone (listed in your name)
\$ _____ Child Support /Alimony
\$ _____ Medical (not including insurance)
\$ _____ Childcare
\$ _____ Other
\$ _____ Other
\$ _____ Other
\$ _____ **Total Monthly Expenses**

Do you share expenses with anyone else in your household? ☐ Yes ☐ No

Are you a full time student? ☐ Yes ☐ No If yes, where? _____

Number of adults in household _____ Number of children in household _____

TYPE OF MEMBERSHIP YOU ARE APPLYING FOR: (check one)

- | | |
|--|--|
| <input type="checkbox"/> Family II (2 adults + children) | <input type="checkbox"/> Family I (1 adult + children) |
| <input type="checkbox"/> Adult | <input type="checkbox"/> Student (ages 14-18) |
| <input type="checkbox"/> Young Adult (up to ages 28) | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Senior II | <input type="checkbox"/> Senior I |

TYPE OF PROGRAM YOU ARE APPLYING FOR: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Adult Programs | <input type="checkbox"/> Youth Sports |
| <input type="checkbox"/> Childcare / Preschool | <input type="checkbox"/> Aquatics |
| <input type="checkbox"/> Childcare / School Age | <input type="checkbox"/> Teen Programs |
| <input type="checkbox"/> Childcare / Summer Day Camp | <input type="checkbox"/> Other (specify _____) |

OTHER INFORMATION THAT MAY HAVE BEARING ON THIS APPLICATION:

What can you afford to pay per month: _____

- I understand that I will be required to pay a portion of the program or membership fee's that I am applying for.
- I understand that I must re-apply for my OPEN DOORS scholarship every six months, in order to keep my OPEN DOORS scholarship and membership active.
- I understand that it is my responsibility to re-apply for my OPEN DOORS scholarship before the expiration date, which was given to me on my approval letter.
- I understand that my application will not be processed unless all information is completed and documents provided.

Applicant's Signature

Date

Official Section

Staff Member Accepting Application: _____ Date: _____

Verified all documentation attached: ☐ Yes ☐ No

Type of Membership: _____

Programs Applying for: _____