



# YMCA of Ithaca & Tompkins County Open Doors Scholarship Application

For office use:  
**Date submitted:** \_\_\_\_\_  
**Welcome Center Rep Initial:** \_\_\_\_\_  
 1<sup>st</sup> use \_\_\_\_\_ 2<sup>nd</sup> use \_\_\_\_\_

Please check:  Applying for the first time  Renewing application

**What is the Membership Type you are applying for:**  Youth  Junior  Adult  Senior  College Student  
 2 Adult Family  2 Adult Family w/ children  Senior 2 Adult Family  College Student Family  1 Adult Family w/ children

**Primary Applicant Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

List everyone who lives in your household:

First & Last Name	Date of Birth	Gender M/F	Additional Program Requested

**Please explain why you would like a membership at the YMCA**

- I understand that this application does not guarantee that I will receive assistance.
- I understand that the terms of assistance are only good for 3 calendar months. If not utilized in the 3 month term, the scholarship will be considered void.
- Paperwork must be resubmitted after 6 months, unless requested earlier due to change in living situation.
- Processing applications can take up to 7-10 business days. Replies will be sent via email/mail.
- Not all programs qualify for scholarship.

**For office use ONLY:**      Approved \_\_\_\_\_      Denied \_\_\_\_\_

Membership Type:  Youth  Junior  Adult  College Student  Senior  2 Adult  Sr 2 Adult  
 2 Adult w/ Kids  1 Adult w/Kids  College Student Family  Sr 2 Adult w/Kids

3 Month  Annual  Bank Draft       **Capital Improvement Fee Paid**

Membership Cost: \$ \_\_\_\_\_      YMCA Assistance: \_\_\_\_\_%      Applicant Fee: \$ \_\_\_\_\_

Program Type & Session Dates: \_\_\_\_\_      YMCA Assistant: \_\_\_\_\_%      Applicant Fee: \_\_\_\_\_%

Please indicate whether you or anyone else who lives with you receives income from any of the following sources. Proof of all income is required, as is a copy of last year's income tax return.

Income Source	Who Receives it	How much	How often
Employment			
Unemployment			
Public Cash Assistance			
Food Stamps			
Housing Assistance Sec 8			
HEAP			
SSI/SSDI Benefit			
Workman's Compensation			
Retirement Benefits			
Veteran's Pension/Benefits			
Education Grants/Loans			
Alimony/Child Support			
Child Care Supplement			
Other (please explain)			

**Monthly expenses (less assistance from other agencies):**

Expense	Monthly Cost
Mortgage/Rent	
Electric	
Gas	
Water/Sewer	
Food	

Please explain any EXTENUATING circumstances you may be experiencing (i.e., death of a spouse, unexpected loss of employment, etc.)

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**If applicable, please provide the following:**

- Copy of most recent tax return (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)
- Copy of two recent pay stubs for each working person
- Copy of social security or disability checks
- Copy of recent welfare benefits, food stamps, and/or section 8 housing letter
- Copy of unemployment benefits statement
- If you have no income, a letter from person(s) who provide your monthly living expenses.
- Documentation of any special circumstances.

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

I affirm to the best of my knowledge that the information I have provided is true and complete and I acknowledge that I must provide copies of all household income sources to cover the previous month, along with a copy of last year's income tax return.

Primary Applicant Signature (or parent or guardian): \_\_\_\_\_ Date: \_\_\_\_\_

We cannot complete the application process without the signature of an adult 18 years or older.