



YMCA of Ithaca & Tompkins County Open Doors Scholarship Application

For office use:
Date submitted: _____
Welcome Center Rep Initial: _____
 1st use _____ 2nd 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: _____ 3 Month Annual Bank Draft

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.)

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.