



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Open Doors Scholarship Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of Southeast Texas ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Open Doors Scholarship Program, the YMCA of Southeast Texas provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the scholarship committee in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

www.ymcasoutheasttexas.org

YMCA MISSION

To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

For YMCA Use Only:

Name _____
Membership Type _____
% off _____
Membership Rate _____

An Open Doors Scholarship reduces membership fees; it does not eliminate them.

All Open Doors Scholarships will be granted for six months from date of approval.

The YMCA requests that individuals and families reapply every six months with updated documentation.

Membership fees are subject to change when you reapply.

If you do not reapply at the time requested, your membership will change to the regular rate.

Please contact the Y if you have any questions.



INCOME

Please provide original income verification for the last 30 days all employed individuals who reside in your household.

MONTHLY INCOME TYPE	APPLICANT	ADDITIONAL INCOME	ADDITIONAL INCOME
Monthly Wages	\$	\$	\$
Child Support	\$	\$	\$
Food Stamps	\$	\$	\$
Social Security	\$	\$	\$
Disability	\$	\$	\$
Unemployment	\$	\$	\$
Housing Assistance	\$	\$	\$
Workman's Comp.	\$	\$	\$
Pension/Retirement	\$	\$	\$
Other	\$	\$	\$
MONTHLY TOTALS	\$	\$	\$

EXPENSES

Please provide copies of all expense information for all household members residing at your address.

MONTHLY EXPENSE		MONTHLY EXPENSE	
Check here if you own your home →		Child Care	\$
Rent/Mortgage	\$	Medical Bills	\$
Vehicle Payment	\$	Credit Cards	\$
Vehicle Payment	\$	Child Support	\$
Insurance – Auto	\$	Loans	\$
Insurance – Auto	\$	Other	\$
Insurance – Home	\$		
Insurance – Wind	\$		
Insurance – Flood	\$	MONTHLY TOTAL	\$
Utilities – Electric	\$		
Utilities – Water	\$	Vehicles owned:	
Utilities – Gas	\$	Year	Make/Model
Cable	\$		
Satellite	\$		
Home Phone	\$		
Cell Phone	\$		

FEDERAL INCOME TAX

- I last filed Federal Income Tax for year _____.
- I did not file Federal Income Tax for the past year.

ABILITY TO PAY

I am able to pay \$ _____ monthly.

I AM APPLYING FOR

✓ **Check category for which you are applying**

<input type="checkbox"/>	Youth (ages up to 17)
<input type="checkbox"/>	Young Adult (ages 18 – 25)
<input type="checkbox"/>	Individual (ages 26 – 61)
<input type="checkbox"/>	Household (up to 2 young adults, individuals/seniors + up to 4 youth. Additional young adults, individuals or seniors on account \$15 each per month. Additional youth \$5 each per month.)
<input type="checkbox"/>	Senior (ages 62+)
<input type="checkbox"/>	Senior Couple (2 seniors age 62+)
<input type="checkbox"/>	After School Care
<input type="checkbox"/>	Day Camp
<input type="checkbox"/>	Sports
<input type="checkbox"/>	Swim Lessons

TELL US MORE...Use this space to include any additional information that was not included on this application.

If you need more space, attach an additional sheet of paper.

I want/need an Open Doors Scholarship because:

THIS APPLICATION MUST BE RENEWED EVERY 6 MONTHS!

I certify that the information provided is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the information provided, I will not be eligible for assistance now and/or in the future. I understand that if I fail to renew my scholarship application after six months, I will be charged the regular membership rates.

Signature

Date

DOCUMENT CHECK LIST

- Application Complete
- Copy of last Income Tax Return filed
- Proof of year to date income from all employers during the current year.
- Proof of child support
- Proof of unemployment benefit
- Proof of housing assistance
- Proof of food stamps
- Proof of all expenses listed on application
- Membership or Program Category checked
- Tell Us More complete
- Signature

Missing documents? Please explain _____

Please allow two weeks for processing. Failure to have all documents will delay the approval of the application. Please make sure all applicable documents are attached to your application.