

“AN OPEN DOOR”



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Cumberland YMCA and YMCA Heritage Foundation FINANCIAL ASSISTANCE 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 Cumberland YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The Cumberland Y believes that its programs and services should be available to everyone regardless of age, background, ability or income. That's why we offer the "Open Door" program, a financial assistance program.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive a scholarship. Y 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.



- The "Open Door" Program reduces membership rates, it does not eliminate them.
- To apply, you are required to provide the appropriate documentation for calculating annual household income.
 - If you filed federal taxes for last year please provide all 1040 tax forms for your household.
 - If you did not file federal taxes for last year please provide the following documents showing your most recent 30 day household income: pay stubs (90 days), pension, disability, rental assistance, social security award letter, SNAP/food assistance, temporary cash assistance, child support/ alimony. Any government assistance provided to you is a source of household income.
- All "Open Door" scholarships will be granted for 12 months.
- The Y requests that individuals and families reapply annually, with updated documentation.
- Membership rates are subject to change when you reapply.
- If you do not reapply at the time requested, your membership rate will increase to the full amount.
- Please contact the Y at (301) 777-9622 and ask for the Membership Director if you have any questions.
- Please allow 2 to 4 weeks for your application to process. You will be contacted by the Y after your application is reviewed.

"OPEN DOOR" FINANCIAL ASSISTANCE SCHOLARSHIP APPLICATION

1. APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____ State _____

ZIP Code _____ Date of Birth _____

Home Phone () _____

Cell Phone () _____

Email _____

If applicant is under 18: Parent's or legal guardian's name

2. ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

Parent/Guardian: _____

Parent/Guardian: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Other dependent(s): _____ Age(s): _____

3. I AM APPLYING FOR MEMBERSHIP

Check category for which you are applying

	PRE TEEN (12 AND UNDER)
	TEEN(13 - 17)
	YOUNG ADULT (18 - 34)
	ADULT (35 - 64)
	SENIOR (65 AND OLDER)
	FAMILY (up to 2 adults and dependents)

5. TO QUALIFY FOR ASSISTANCE, PROVIDE THE FOLLOWING:

I FILED FEDERAL TAXES FOR LAST YEAR

- 1040 Federal Tax Form(s) for all incomes in household
- I am an individual filing jointly, I am providing **ONE** 1040 form
- We filed more than **ONE** tax form in our household. We are providing ____ 1040 forms.

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

- Documents showing most recent 30 day of income (including pay stubs or documentation of government assistance)

\$ _____ x 12 =
30 DAYS INCOME MONTHS

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!

I certify that the above information 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 financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the Y with a 30 day notice so assistance can be used for others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

4. I AM APPLYING FOR A PROGRAM

	PROGRAM NAME:
	PROGRAM NAME:
	PROGRAM NAME:

6. _____
Signature of person completing this form Date

Attach all applicable financial documentation and turn in to the Welcome Center.

FOR OFFICE USE ONLY

APPROVED YES NO

MONTHLY MEMBERSHIP RATE: _____

PROGRAM RATE: _____

Award letter is valid for 60 days.

TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.