



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALWAYS WELCOME AT THE Y

Open Doors Scholarship Application

At the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure everyone, regardless of age, income, or background, has the opportunity to learn, grow, and thrive. Each year, we provide over \$200,000 in financial assistance locally, thanks to generous support from our members and donors to the Strong Communities fundraising campaign, grants, and special events.

Thank you for applying for financial assistance through our Open Doors Scholarship Program. We look forward to welcoming you to the Y in the near future.



STANLY COUNTY FAMILY YMCA

427 North First Street · Albemarle NC · 28001
704-982-1916 · stanlycountyyymca.org

REQUIRED DOCUMENTS

Please submit your completed application along with all documentation listed below that applies to all persons in your household.

Federal Income Tax Form 1040

Staff: Only need 1st 2 pages/ can not take W2s.

Your last two (2) most recent paycheck stubs of working adults in your household or last two (2) unemployment stubs and/or

Government Assistance Verification (disability statement, Social Security statement, case benefit history, foster care assistance, etc.), and/or

Other assistance/income verification (child support, alimony, student loans, and or grants).

Three personal references

Our staff will review your information when you bring it in!

Date _____ Staff _____

We can make copies of your forms for you if you are unable to do so. You will be notified within 14 days .

After reviewing application, all documentation other than application will be shredded and destroyed.

Are you currently a Y Member? Yes No
Application for (please circle)
Membership - Adult Family
Afterschool Summer Camp Youth Sports Swimming

Referred to Y by: _____

Name: _____

Birthdate: ____/____/____ circle one: Male Female

Address: _____

City: _____ Zip: _____

Telephone: _____

Cell: _____

Employer: _____

Email: _____

Emergency Contact Name & Phone: _____

Spouse/Other Adult in Household (please note, only 2 adults in household may be on membership)

Name: _____

Birthdate ____/____/____ circle one: Male Female

Employer: _____

My circumstances are temporary and/or extraordinary. I will need assistance until _____. Please attach letter of explanation.

I understand the Stanly County Family YMCA is a nonprofit organization and scholarships are made possible through the generosity of donors and members. I understand my subsidy will have an expiration date and a new application must be completed to renew my scholarship. I understand if my subsidy is revoked or expires, my membership or program fees will revert to full price. I further understand, expiration or revocation of my subsidy does not cancel my membership. I understand I must submit all required documentation in order for my application to be reviewed. I understand that my scholarship is good for one year and I will need to reapply, if help is still needed.
Signed _____

For Office Use Only:

Program Fee _____	Y Subsidy % _____
Joining Fee _____	Y Subsidy % _____
Yearly Fee _____	Y Subsidy % _____
Monthly Fee _____	Y Subsidy % _____

Children (Legal dependents 18 & under, or 23 and under if a full-time student). If more than 4 please provide additional information on a separate paper and attach.

Full Name	Relationship	Birthdate	Gender	School Attending

TOTAL GROSS HOUSEHOLD INCOME

Are you employed? No Yes \$ _____ per month
 Is your spouse/other adult in household employed? No Yes \$ _____ per month
 Are any of your children employed? No Yes \$ _____ per month
 Do you/other adult receive unemployment? No Yes \$ _____ per month
 Are you/other adult receiving Social Security? No Yes \$ _____ per month
 Are you/other adult receiving child support? No Yes \$ _____ per month
 Are you/other adult receiving Social Security for Dependent Children? No Yes \$ _____ per month
 Are you/other adult receiving Food Stamps? No Yes \$ _____ per month
 Are you/other adult receiving Disability or Veteran's Benefits? No Yes \$ _____ per month
 Are you/other adult receiving 401K/Retirement Funds? No Yes \$ _____ per month
 Are you/other adult receiving support from family or other source? No Yes \$ _____ per month
 Are you/other adult receiving Student Loans? No Yes \$ _____ per month
 Are you/other adult receiving housing allowance on rent? No Yes \$ _____ per month
 What is your monthly rent or house payment? \$ _____ per month
 Total \$ _____ per month

Name of Landlord _____ Phone # _____

Please attach a separate sheet of paper explaining any extraordinary circumstances that should be taken into consideration when reviewing your application.

I agree to notify the Y if my financial situation improves, so my subsidy can be reevaluated, thus providing more opportunities for others in need.

I understand scholarships are awarded on a first-come, first serve basis, subject to available funds and eligibility.

I understand all Y members and participants receive the same benefits, regardless of whether or not they receive assistance. I further understand I am joining an organization that cares greatly for the health and well-being of all people and is committed to youth development, healthy living, and social responsibility.

I certify all information provided in this application is true and complete to the best of knowledge,

Signature _____

Date _____

Y Subsidy \$ _____ Member \$ _____
 Y Subsidy \$ _____ Member \$ _____
 Y Subsidy \$ _____ Member \$ _____
 Y Subsidy \$ _____ Member \$ _____

Executive Approval _____
 Date Approved _____
 Contacted _____

COMMONLY ASKED QUESTIONS

Who is eligible for the Y's Open Doors Scholarship Program?

An older adult or family on a fixed income, a single parent trying to make ends meet, a family in transition or covered over in medical expenses, someone who needs a little help for a while - all of these are the faces of the Y Open Doors Scholarship Program.

How is the Scholarship amount determined?

We offer a sliding fee scale based on annual gross household income and the number of dependents. Each application is reviewed individually and special situations are taken into consideration when evaluating the scholarship amount.

How soon is the amount determined?

Complete applications will be reviewed within 14 working days. Please submit your completed application along with proof of income (see required documentation box inside). You will be notified of your application status by a staff member.

Will I be treated differently? Will other members know I am on scholarship?

Only you and the Y staff member evaluating your application will have access to the information provided. You will have all privileges granted to a Y member or participant with nothing designating you as a scholarship recipient.

The Y is a non-profit association offering opportunities for personal growth and service to others. To support our scholarship members and participants, we ask applicants to complete a confidential form. The Y strives to serve all segments of the community. Within our available resources, every effort will be made to accommodate all who wish to participate in the Y programs and services.

No one will be denied to any Y program or service solely on the ability to pay.

**Y STRONG
COMMUNITIES
FUND**
Meeting the Needs of
our Community

