



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO

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 Shelby YMCA ensures that every individual has access to essentials needed to learn, grown and thrive.

EVERYONE IS WELCOME

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

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the Membership Coordinator to ensure that each scholarship is allocated 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 they are a part of an organization that care greatly for the well-being of all people, and is committed to youth development healthy living and social responsibility.

An Open Doors Scholarship reduces the membership fee; it does not eliminate it.

All Open Door Scholarships are granted on a yearly basis.

The YMCA requests that individuals and families reapply every year, with updated documentation.

Membership payments are ONLY Annual (paid in full up front) or Monthly (monthly draft from checking/savings account).

Membership fees are subject to change when you reapply.

An additional \$20.00 Building Maintenance Fund fee is payable upon activating your membership

If you do not reapply at the time requested, your membership will expire.

Please contact the Membership Director at sburkhart@shelbyymca.org if you have any questions.



Open Doors Scholarship Application

Apply for an Open Doors Scholarship in 5 easy steps!

1 APPLICANT INFORMATION

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Emergency Name & Phone _____

2 ALL PERSONS LIVING IN THE HOUSEHOLD
Please list those in the household you want on the membership

Parent/Guardian/Adult	DOB _____
Child	DOB _____
Child	DOB _____
Child	DOB _____
Other dependents	DOB _____
Other dependents	DOB _____

3 ✓ APPLYING FOR

MEMBERSHIP	<input type="checkbox"/> YOUTH
	<input type="checkbox"/> COLLEGE
	<input type="checkbox"/> ADULT
	<input type="checkbox"/> HOUSEHOLD
	<input type="checkbox"/> SINGLE PARENT HOUSEHOLD
	<input type="checkbox"/> 2 PERSON HOUSEHOLD
	<input type="checkbox"/> SENIOR
	<input type="checkbox"/> SENIOR HOUSEHOLD
PROGRAM	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS
SCHOLARSHIP WILL NOT BE AWARDED IF THE PORTION BELOW IS INCOMPLETE.

I FILED FEDERAL TAXES FOR LAST YEAR
Therefore you must provide proof of the following:

- ⇒ 1040 Federal Tax Form(s) for all incomes in household: \$ _____
- ⇒ Employment Pay Stubs: \$ _____
- ⇒ Unemployment Benefits: \$ _____
- ⇒ Child Support: \$ _____
- ⇒ Disability: \$ _____
- ⇒ Social Security: \$ _____
- ⇒ Federal or State Aid: \$ _____
- ⇒ Food Stamps: \$ _____
- ⇒ Retirement/Pension: \$ _____

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

I DID NOT FILE FEDERAL TAXES LAST YEAR
Therefore you must provide proof of the following:

Documents showing most recent 30 days of income (including pay stubs or Documentation of government assistance)

\$ _____ X 12 MONTHS =

- ⇒ Child Support: \$ _____
- ⇒ Social Security: \$ _____
- ⇒ Federal or State Aid: \$ _____
- ⇒ Food Stamps: \$ _____

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME
Find support documents you may need by going to (for any Ohio County) Ohio Department of Job & Family Services.

or

FOR OFFICE USE:

APPROVED Y N

YMCA COST: _____

APPLICANT COST: _____

DATE: _____

STAFF: _____

Revised 7/22/2021

5 THIS APPLICATION MUST BE RENEWED EVERY YEAR!

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 sponsorship assistance is based on need. In the event that I or my children must cancel our participation, or if my income increases, I will contact my YMCA Membership Director immediately so sponsorship can be provided to 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.

Signature of person completing this form _____ Date _____