



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ROWAN-CABARRUS YMCA OPEN DOORS APPLICATION

Everyone is Welcome at the Y!

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Total # of Adults living in the home: \_\_\_\_\_ Total # of Children living in the home: \_\_\_\_\_

Do you have a copy of your current tax return? Yes No

If yes, what is the total income? \_\_\_\_\_

### IF YOU PROVIDE CURRENT TAX DOCUMENTS THE INFORMATION BELOW IS NOT NEEDED.

Do you have Medicaid?	Yes	No
Are you employed (net)?	_____	per month
Is anyone else in household employed (net)?	_____	per month
Does anyone in household receive unemployment?	_____	per month
Does anyone in household receive Social Security?	_____	per month
Does anyone in household receive child/spousal support?	_____	per month
Does anyone in household receive Veteran's/disability benefits?	_____	per month
Are there any other forms of income?	_____	per month
Do you receive food stamps?	_____	per month
	_____	Total Monthly

Annual household income after taxes \_\_\_\_\_ (monthly amount times 12)

#### Program Assistance:

- Other Youth Programming (sports, dance, aquatics, etc.)
- After School
- Summer Camp

The information I have provided to the Rowan-Cabarrus YMCA is true and correct.

I understand that my scholarship is ongoing and I must submit new information if my income changes.

If your family has extenuating circumstances you would like us to consider before awarding financial assistance, please note these on the back of this form and provide supporting documentation.

FOR INCOMPLETE APPLICATIONS ONLY: I understand that I am required to provide any additional documentation need for full verification by the last Thursday of my first draft month \_\_\_\_\_ or my draft will change to the full-paying member rate \$ \_\_\_\_\_ on \_\_\_\_\_.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

All information will be kept confidential.

CANNON YMCA-HARRISBURG

CANNON YMCA-KANNAPOLIS

CANNON YMCA-WEST CABARRUS

J. FRED CORRIHER, JR YMCA

J.F.HURLEY YMCA

SALEEBY-FISHER YMCA



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**OFFICE USE ONLY:**

Status of Scholarship (circle one)    Fully Approved    Denied    Verification Needed

What additional verification is needed? \_\_\_\_\_

Membership Type: \_\_\_\_\_

Percent awarded: \_\_\_\_\_ Programming: OYP \_\_\_\_\_% AS \_\_\_\_\_% SC \_\_\_\_\_%

Joining Fee: \$ \_\_\_\_\_ Monthly membership: \$ \_\_\_\_\_ beginning on \_\_\_\_\_.

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**VERIFICATION:** Acceptable documents for the following items if member does not have current tax returns. Please make copy of any verification provided and put with Open Doors Application.

**Proof of Dependency Documents**

- Birth Certificates: for anyone under the age of 18.
- Medicaid cards for anyone under 18.
- For a child over the age of 18 and a full time college student we need proof of full time status\*. If the child is under the age of 18 if parents do not have birth certificates, we need custody paperwork. \*Full time undergraduate student 12 hours, full time graduate student 6 hours.

**Proof of Income Documents**

- Two most recent pay stubs
- Copy of bank statement if direct deposited
- Unemployment benefit statement
- Social Security benefit statement
- Veteran's/Disability statement
- Child/Spousal support statement
- Any other forms of income
- Food Stamp statement or approval letter (If they do not have approval letter then they can go onto the website listed on the back of the EBT card and print off a monthly food stamp statement, showing the amount deposited on the card)

**\*If going with the Medicaid option, must have Medicaid cards**

**Proof of Residency**

- Driver's License
- Bank Statement
- Mortgage Statement or Rental Lease Agreement
- Utility Bill

CANNON YMCA-HARRISBURG

CANNON YMCA-KANNAPOLIS

CANNON YMCA-WEST CABARRUS

J. FRED CORRIHER, JR YMCA

J.F.HURLEY YMCA

SALEEBY-FISHER YMCA