



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 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 amount from line 9? \_\_\_\_\_

### 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 Cannon YMCA is true and correct.

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 \_\_\_\_\_.

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.

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

All information will be kept confidential.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## OFFICE USE ONLY:

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

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

Percent off: \_\_\_\_\_ Membership Type: \_\_\_\_\_ 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.
- ☐ Proof of Residency: for Dependents ages 18-23.

### Proof of Income Documents

- ☐ Tax forms (annual income line 9)
- ☐ 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