



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# KENNEBEC VALLEY YMCA

CAMP KV

OPEN DOORS SCHOLARSHIP PROGRAM

Financial Assistance Application



## **OPEN DOORS SCHOLARSHIP PROGRAM**

The KV YMCA offers the Open Doors Scholarship Program. It is a sliding fee scale that is designed to fit each individual's financial situation. The KV YMCA believes a strong sense of ownership and pride is established if the scholarship recipient has contributed to the cost of their YMCA involvement; therefore, you will be asked to pay some portion of the fees. If acceptable, a volunteer work program can be arranged. Scholarships will be awarded on a first-come, first-serve basis, subject to available resources.

**The KV YMCA requires that individuals provide the following documents and copies:**

### **NEW APPLICANT:**

- Copy of two most recent pay stubs
- Proof of government funding (social security, disability, food stamps, etc.)
- Proof of child support payments
- Proof of worker's compensation or unemployment
- One reference letter from a non-family member stating why you or your family would benefit from membership at our Y

### **PROGRAM SCHOLARSHIP APPLICANT:**

- Current Open Door Recipients do not need to submit income verification or a recommendation letter. Please fill out all information with exception of income verification.

Your application will not be processed until all applicable information and materials are provided. If an item does not pertain to you it does not need to be included. All information will be kept confidential.

### **THANK YOU FOR CHOOSING THE KV YMCA!**

THE SCHOLARSHIP FUNDS AVAILABLE FOR THE OPEN DOORS PROGRAM ARE MADE POSSIBLE THROUGH THE GENEROSITY OF THE UNITED WAY, OUR MEMBERS, LOCAL BUSINESSES, AND THE KENNEBEC VALLEY COMMUNITY.

DATE: \_\_\_\_\_

**APPLICANT INFORMATION:**

PLEASE CIRCLE ALL SESSIONS YOU ARE APPLYING FOR:

CAMP KV: WEEK 1 WEEK 2 WEEK 3 WEEK 4 WEEK 5

WEEK 6 WEEK 7 WEEK 8 WEEK 9, WEEK 10

CHILD'S NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT NAME OR GUARDIAN: \_\_\_\_\_ GENDER: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF 2<sup>ND</sup> ADULT IN HOUSEHOLD: \_\_\_\_\_ GENDER: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**DEPENDENTS:** Please list your household dependents.

**NAME**

**DOB**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

<b>INCOME:</b>  Please provide supporting documents verifying dollar amounts for every category checked "yes"	<b>YES</b>	<b>NO</b>	<b>YOU</b>	<b>2<sup>ND</sup> ADULT</b>	<b>ADDITIONAL FAMILY MEMBERS</b>
What is the average amount of hours you work per week?	<del>X</del>	<del>X</del>	/WK	/WK	/WK
What is your hourly wage?	<del>X</del>	<del>X</del>	/WK	/WK	/WK
Do you receive Social Security?			/MO	/MO	/MO
Do you receive Disability?			/MO	/MO	/MO
Do you receive Welfare?			/MO	/MO	/MO
Do you receive Child Support or Alimony?			/MO	/MO	/MO
Do you receive Food Stamps?			/MO	/MO	/MO
Do you receive Pension?			/MO	/MO	/MO
Do you receive Family Support?			/MO	/MO	/MO
Do you receive Housing Assistance?			/MO	/MO	/MO
Is there any other funding that you receive?			/MO	/MO	/MO

**FUNDING:** If you receive funding from an agency (such as The Children’s Center) that could help pay for your membership or program fees, please list. Documentation must be provided.

---

---

---

**EXPENSES:** Please explain any extraordinary expenses.

---

---

---

---

**APPLICANT’S DESCRIPTION OF NEED:** Please briefly state why you wish to receive a scholarship at the KV YMCA and how it will benefit you and/or your family.

---

---

---

**ARE YOU INTERESTED IN VOLUNTEERING?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**I FEEL I CAN PAY \$ \_\_\_\_\_ PER WEEK TOWARD CAMP**

**Because we are a safe and welcoming environment we ask you to please answer the following questions:**

Has anyone listed on this application been convicted of a sexual offense? \_\_\_\_Yes \_\_\_\_No

Has anyone listed on this application been convicted of a crime other than a traffic offense? \_\_\_\_Yes \_\_\_\_No

If YES, please describe the type of crime and date of conviction. You may be contacted by a KV YCMA representative before your membership can be processed.

---

---

---

**PLEASE VERIFY ALL INFORMATION PROVIDED.**

I, \_\_\_\_\_, verify that, to the best of my knowledge, all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the KV YMCA within 30 days. *If I submit false or inaccurate information, or fail to notify the KV YMCA within 30 days, I may be terminated from the Open Doors Program.*

I understand that to remain eligible for the Open Doors Program, I must be a KV YMCA participant in good standing and comply with the following terms:

I will pay all required fees by their dues date. I understand that any delinquencies in payments (i.e, late payments, returned checks or automatic transfers) may result in termination of my financial assistance.

I am responsible for reapplying to the Open Doors Program upon expiration. It is my responsibility to submit the most current income materials for re-evaluation of my application. I understand that no financial assistance will be applied retroactively. I also understand that all scholarship fees may be subject to change upon renewal.

In signing this consent statement, I agree to use the equipment and waive liability against the Kennebec Valley YMCA (KV YMCA) and/or its staff and directors. In the event of a medical emergency, I authorize a representative of the KV YMCA to seek medical attention on my behalf. I also give my permission for any photograph and other media materials for myself and/or my family members to be used for promotional use by the KV YMCA with no compensation to me or my family.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date