



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

KENNEBEC VALLEY YMCA

2026 CAMP KV

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 everyone'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 or 2025 Tax return listing gross income only.
- Proof of government funding (social security, disability, SNAP, TANF, Housing Assistance, etc.)
- Proof of child support payments.
- Proof of worker's compensation or unemployment.

THANK YOU FOR CHOOSING THE KENNEBEC VALLEY 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:

Week 1: June 15 –19 **Week 2:** June 22 – 26 **Week 3:** June 29 – July 3 **Week 4:** July 6 – 10

Week 5: July 13 – 17 **Week 6:** July 20 – 24 **Week 7:** July 27 – 31 **Week 8:** August 3 – 7

Week 9: August 10 – 14 **Week 10:** August 17 – 21

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 2ND 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.

| INCOME: Please provide supporting documents verifying dollar amounts for every category checked "yes" | YES | NO | YOU | 2 ND ADULT | ADDITIONAL FAMILY MEMBERS |
|---|-----|----|-----|--------------------------|---------------------------------|
| What is the average number of hours you work per week? | X | X | /WK | /WK | /WK |
| What is your hourly wage? | X | X | /WK | /WK | /WK |
| Do you receive Social Security? | | | /MO | /MO | /MO |
| Do you receive Disability? | | | /MO | /MO | /MO |
| Do you receive TANF? | | | /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

Financial assistance is intended to help reduce costs, not cover 100% of program fees.

Because the Kennebec Valley YMCA is 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 YMCA representative before your membership can be processed.

PLEASE VERIFY ALL INFORMATION PROVIDED.

I, _____, certify that to the best of my knowledge all information submitted is true, complete, and accurate. I agree to notify the Kennebec Valley YMCA (KV YMCA) within 30 days of any changes to my financial situation. I understand that providing false or inaccurate information, or failing to report changes within 30 days, may result in termination from the scholarship program.

I understand that to remain eligible for the scholarship program, I must remain a KV YMCA participant in good standing and agree to the following terms:

- I will pay all required fees by their due dates. I understand that payment delinquencies, including late payments, returned checks, or failed automatic transfers, may result in termination of my financial assistance.
- I must have a current account in good standing with no outstanding balances from prior program years to receive or continue financial assistance.
- I am responsible for reapplying for a new scholarship upon expiration of my assistance. I will submit current income documentation for reevaluation. I understand that financial assistance is not applied retroactively and that scholarship amounts may change upon renewal.

By signing this consent statement, I agree to use YMCA facilities and equipment at my own risk and release the Kennebec Valley YMCA, its staff, and directors from liability. In the event of a medical emergency, I authorize a representative of the KV YMCA to obtain medical treatment on my behalf. I also grant permission for photographs and other media of myself and/or my family members to be used for promotional purposes by the KV YMCA without compensation.

Participant Name (Printed): _____

Signature: _____

Date: _____

**Please send complete applications with all required supporting documents to opendoors@kvymca.org or drop off in a sealed envelope at the Kennebec Valley YMCA at 31 Union Street, Augusta, Maine Attention: Camp KV Open Doors*