



Everyone Belongs at the Y

Kennebec Valley YMCA

Open Doors Scholarship Application



Scholarship Agreement

Please initial and sign the bottom acknowledging you have read and understand the policies.

1. ____ I understand this application must be COMPLETED IN FULL and ALL REQUIRED DOCUMENTS must be submitted before this application can be considered or processed.
2. ____ I understand that I am required to re-apply every 12 months or sooner, based on the determination of the scholarship office and stated by the approval letter. Re-applying will require a NEW APPLICATION WITH NEW DOCUMENTATION.
3. ____ I understand that this application may be subject to be run against a national and state level sex offender database. I also understand that at the discretion of KV YMCA and its board of directors may at will terminate or not approve this application for scholarship. I also attest that to the best of my knowledge no one on this application, including myself, is currently registered on any state or national sex offender database.
4. ____ I attest that all the information submitted in this application is correct, complete and accurate. If my situation changes, I agree to notify KV YMCA within 30 days. If I submit false or inaccurate information, or fail to notify KV YMCA of any changes, I understand my contract and application may be denied or terminated from scholarship funding.
5. ____ I understand that financial documents supplied may be shredded for confidentiality and that it is recommended to only submit photo copies and to keep the original documents for my own personal records.
6. ____ In consideration of facility access or being allowed to participate in activities and programs of KV YMCA and to use its' facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the Kennebec Valley YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries for damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility.
7. ____ I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by negligent act or omission of any of those mentioned or others on their behalf or in any way arising out of connection with my participation in any activities of the Kennebec Valley YMCA or the use of any equipment at the Kennebec Valley YMCA. I agree to adhere to all policies set by the Kennebec Valley YMCA.
8. ____ I understand the KV YMCA has the right to terminate my Kennebec Valley YMCA privileges if it appears that myself or anyone in my party are taking actions or doing things that are contrary to the Y's mission, it appears that myself or anyone in my party are engaging or involved in criminal acts and/or acting in ways that disrupts the Kennebec Valley YMCA's operation.
9. ____ I give permission to the Kennebec Valley YMCA to use pictures or video of myself or my child(ren).

Signature: _____

Date: _____

To help us provide a safe and welcoming environment, please answer the following questions

- Have you or anyone listed on this application ever been convicted of a sexual offense? YES NO
- Have you or anyone listed on this application ever been convicted of a crime other than a traffic violation? 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 is processed. _____
- _____

Your signature below indicates that all information you have provided hereon is true, and you understand and agree to the above terms.

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Signature: _____

Date: _____

Kennebec Valley YMCA

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(Please print legibly & fill out completely)

Primary Adult Name: _____

Gender : Male Female Other Date Of Birth : _____

Race: Asian Black or African American Hispanic/ Latino Middle Eastern or Northern African Native American
 Alaskan Native Native Hawaiian or Other Pacific Islander Caucasian Other Unknown

Driver's License #: _____ Email : _____
 (EMAIL IS REQUIRED- THIS IS OUR PRIMARY SOURCE OF CONTACT FOR YOU)

Primary Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact:

Name: _____ Phone #: _____

Relationship to primary member: _____

Spouse/Significant Other:

Name: _____ Gender: Male Female Other Date of Birth: _____

Driver's License #: _____ Email: _____

Race: Asian Black or African American Hispanic/ Latino Middle Eastern or Northern African Native American
 Alaskan Native Native Hawaiian or Other Pacific Islander Caucasian Other Unknown

Children/Dependants:

Name: _____ DOB: _____ Gender: Male Female Other

Name: _____ DOB: _____ Gender: Male Female Other

Name: _____ DOB: _____ Gender: Male Female Other

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Please check which type of assistance you're requesting:

Membership: Please check which type: Adult Adult Couple Family One Parent Family

Senior (65+) Senior Couple Senior Caregiver Family Youth (up to 18) Young Adult (19-23)

Program: Please Specify which Program:

Program and membership fees must be paid at the time of registration.

Name:

Program:

Name:	Program:

Income Information:

Documents and Application may be brought to the Front Desk or Emailed to: OpenDoors@kvymca.org

MONTHLY INCOME (Before Deductions)	1st Adult	2nd Adult	If you do not provide all required documents your application process will be delayed. If you wish, please comment below on any extenuating circumstances which contribute to your need for assistance:
Did you file a federal Tax return? Please provide a copy for each household member with income.	\$ Gross Annual Income	\$ Gross Annual Income	
Social Security or SSDI (Must Provide Documentation)	\$	\$	
Unemployment (Must Provide Documentation)	\$	\$	
TANF (Must Provide Documentation)	\$	\$	
Child Support or Alimony (Must Provide Documentation)	\$	\$	
Food Stamps (Must Provide Documentation)	\$	\$	
Housing Assistance (Must Provide Documentation)	\$	\$	
Pension or Retirement (Must Provide Documentation)	\$	\$	
Worker's Compensation or Disability (Must Provide Documentation)	\$	\$	
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If you have no income, how are you meeting your expenses? _____

I feel I can pay \$_____ per month towards my membership I feel I can pay \$_____ towards a program

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

PLEASE VERIFY ALL FINANCIAL INFORMATION PROVIDED

I, _____ verify that, to the best of my knowledge, all the financial 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, my membership may be cancelled.

Signature: _____ **Date:** _____

Parent/ Guardian/ Representative Signature if needed: _____

Welcome Center Staff Use Only		Staff Initials: _____				
Date Received	NSOR Check <input type="checkbox"/> Cleared <input type="checkbox"/> Needs Review	Search Daxko <input type="checkbox"/> Enter as OD applicant -Place alert with date received	or <input type="checkbox"/> Confirmed/corrected existing entry <u>Update:</u> _Email/Phone/Address _Members	Alerts/Notes <input type="checkbox"/> Not Active -Place alert with date received	or <input type="checkbox"/> Active -Create note with date received	Last Step <input type="checkbox"/> Put in OD mail box