



# Rowan County YMCA Open Doors Program

## Application Instructions

### Please Print

- Please complete the following application **completely**.
- Obtain **copies** of income documentation.
  - IRS 1040 tax return
  - Last 2 pay stubs
  - W2
  - Social Security statement
  - Food stamps
  - Housing allowance
  - Disability
  - Unemployment
  - Child or Spouse support
  - Other
- Full time students under age 23 must also furnish a copy of their parent(s)' previous year's tax return.
- Return application with **ALL** necessary documents to one of the Rowan County YMCAs.
- The appropriate YMCA staff will review your application. You will be notified in writing within 14 days of any scholarship you may receive.
- **Your application cannot be processed without income documentation.**

**If this application is for Child Care and your child will be attending the J. F. Hurley YMCA summer camp or after school program, you must have been denied entitlement benefits from the Department of Social Services (DSS). Please attach your denial letter with this application.**

**Please check all that you are applying for:** Membership:  Adult  Family  Senior  Youth  
 Programs:  Youth sports  Swimming lessons  RACY  Before School  Afterschool  
 Day Camp  Youth Programs  Tumbling

### Open Doors Application

Applicant's Name \_\_\_\_\_ Gender  M or  F Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Gender  M or  F Date of Birth \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Children- 17 & over and/or full-time college students age 23 or under (proof of full time status required)  
 Members in family must be listed as dependents on tax return to be added to a family membership.

Child's Name \_\_\_\_\_ Gender  M or  F Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender  M or  F Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender  M or  F Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender  M or  F Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender  M or  F Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender  M or  F Date of Birth \_\_\_\_\_

### Total Gross HOUSEHOLD Income

Are you employed?.....	<input type="checkbox"/> No .... <input type="checkbox"/> Yes	\$ _____ <i>per month</i>
Is your spouse employed?.....	<input type="checkbox"/> No .... <input type="checkbox"/> Yes	\$ _____ <i>per month</i>
Are any of your children employed? .....	<input type="checkbox"/> No .... <input type="checkbox"/> Yes	\$ _____ <i>per month</i>
Do you or your spouse receive unemployment benefits?.....	<input type="checkbox"/> No .... <input type="checkbox"/> Yes	\$ _____ <i>per month</i>
Are you receiving Social Security Benefits?.....	<input type="checkbox"/> No .... <input type="checkbox"/> Yes	\$ _____ <i>per month</i>
Are you receiving Spousal Support?.....	<input type="checkbox"/> No .... <input type="checkbox"/> Yes	\$ _____ <i>per month</i>
Are you receiving Child Support?.....	<input type="checkbox"/> No .... <input type="checkbox"/> Yes	\$ _____ <i>per month</i>
Are you receiving Social Security for Dependent Children? ...	<input type="checkbox"/> No .... <input type="checkbox"/> Yes	\$ _____ <i>per month</i>
Are you receiving Food Stamps?.....	<input type="checkbox"/> No .... <input type="checkbox"/> Yes	\$ _____ <i>per month</i>
Are you receiving Disability or Veterans Benefits?.....	<input type="checkbox"/> No .... <input type="checkbox"/> Yes	\$ _____ <i>per month</i>
Are you receiving 401K/Retirement Funds? .....	<input type="checkbox"/> No .... <input type="checkbox"/> Yes	\$ _____ <i>per month</i>
Are you receiving support from family, home country, other?....	<input type="checkbox"/> No .... <input type="checkbox"/> Yes	\$ _____ <i>per month</i>
Are you receiving Student Loans? .....	<input type="checkbox"/> No .... <input type="checkbox"/> Yes	\$ _____ <i>per month</i>
Are you receiving housing allowance on rent? .....	<input type="checkbox"/> No .... <input type="checkbox"/> Yes	\$ _____ <i>per month</i>

Are there any extraordinary circumstances that should be taken into consideration when reviewing this application? \_\_\_\_\_

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I, those included on my membership, and my guests will adhere to the values of the YMCA- caring, honesty, respect, responsibility and faith while within the YMCA or while participating in any YMCA program. Failure to do so may result in my membership or program privileges being revoked.

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the Financial Assistance Program. I consent to the use of photographs of myself and/or anyone in my family for displays, brochures, and promotional materials with no compensation to my family or me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date