

Open Doors Scholarship Application

Apply for an Open Doors Scholarship in five easy steps!

1 APPLICANT INFORMATION

Name (First, Middle, Last)

Email Date of Birth

Mailing address

City

State ZIP

Home phone Cell

If an applicant is under 18: Parent's or legal guardian's name

YMCA LOCATION: CAMARILLO LOMPOC MONTECITO
 SANTA BARBARA SANTA YNEZ VENTURA
 YOUTH AND FAMILY SERVICES, St. George Youth Center

2 ALL ADDITIONAL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

Parent/Guardian/Adult DOB Age

Parent/Guardian/Adult DOB Age

Child DOB Age

Child DOB Age

Child DOB Age

Child DOB Age

Child DOB Age

Other dependent(s) DOB(s) Age(s)

3 I AM APPLYING FOR

Check category for which you are applying

MEMBERSHIP

TEEN

ADULT

FAMILY

SENIOR

TWO-PERSON

PROGRAM

YOUTH ACTIVITIES

CAMP Day SLEEPAWAY

CHILD CARE (Not available at all locations)

OTHER (Please specify program)

↓ FOR CHILD CARE AND CAMP APPLICANTS ONLY ↓

What other options of child care are available to you?

Parent/Guardian #1

At Home Working In School

Parent/Guardian #2

At Home Working In School

4 PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

I FILED GENERAL TAXES FOR LAST YEAR

I am an individual filing jointly; I am providing ONE 1040 form

We filed more than ONE tax form in our household; we are providing ____ 1040 forms

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR

CURRENT INCOME

My household income has changed since I filed taxes last year

Documents showing two months of income (including pay stubs or documentation of government assistance)

\$ _____

TOTAL ANNUAL HOUSEHOLD INCOME

THIS APPLICATION MAY BE REVIEWED EVERY SIX MONTHS.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I can afford to pay _____/month. I want/need a YMCA Open Doors Scholarship because:

5

Signature of person completing this form

Date

Attach all applicable financial documents and turn in to your YMCA member services desk. Payment plans are available. Note that incomplete applications, or applications submitted without proper supporting documentation, cannot be reviewed. All records are kept confidential.

Applications take up to two weeks to process. Ask how you can get started right away.

FOR OFFICE USE

New applicant Renewal Current member

Approved Yes No

YMCA.....% Applicant.....%

Join today for \$.....

Staff name..... Date.....

Award is valid for 30 days.