



# Open Door Application

CONFIDENTIAL SCHOLARSHIP ASSISTANCE APPLICATION

The Central Connecticut Coast YMCA offers financial assistance to those in need. We believe that no one should be turned away because of their inability to pay. Our **Open Door** Program makes this possible because caring people and businesses in our communities fund this program through our Annual Strong Kids Campaign. **Open Door** subsidizes program services on a sliding scale that is based on family size and household income.

**Open Door** is easy and confidential – come by any of our branches and apply for the program of your choice.

**Instructions:**

- 1. Please circle all programs for which you would like financial assistance.**
- 2. Complete both sides of this form, including name and contact details, household members, and itemized income information. Please include any registration materials for the program(s) for which you are requesting financial assistance.**
- 3. \*Child Care and Summer Camp applicants must also complete the Department of Social Services Care-4-Kids application in order for this application to be processed or reviewed.\***
- 4. You must include a copy of the most recent Internal Revenue Service tax statement (tax return) and the last three pay stubs of all working adults in order for this application to be processed.** You must also include your SSI Allocation statement, DSS budget worksheet and any unemployment documents (if applicable). You may choose to include any other documentation that supports your current income. (This information will be held confidential).

If you need assistance completing this application please contact our front desk.

**Program: (Please circle all that apply)**

Child Care    Camp    Aquatics    Youth/Teen  
Other: \_\_\_\_\_

Have you previously applied for financial assistance at the YMCA?                      Yes                      No

If yes, which YMCA? \_\_\_\_\_                      Today's Date \_\_\_\_\_

Name \_\_\_\_\_                      Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_                      State \_\_\_\_\_                      Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_                      Work Phone: \_\_\_\_\_                      Cell Phone: \_\_\_\_\_

Place of Current Employment \_\_\_\_\_

Length of Employment \_\_\_\_\_

**Household Members (List all)**

**Last Name**

**First Name**

**Date of Birth**

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Household Income	Monthly
<b>Wages, Salaries &amp; Tips</b> (all sources in household)	\$
<b>Unemployment Compensation</b>	\$
<b>Social Security Compensation</b>	\$
<b>Disability Compensation</b>	\$
<b>Child Support</b>	\$
<b>Alimony</b>	\$
<b>Aid to Dependent Children</b>	\$
<b>Food Stamps</b>	\$
<b>Housing Assistance</b>	\$
<b>Utility Assistance</b>	\$
<b>401K/Retirement</b>	\$
	\$

If necessary, include documentation of any special expenses, extenuating circumstances, or crisis expense situations of which we should be aware.

Total amount you feel you can pay per month for program fees. \$ \_\_\_\_\_

*An amount must be entered or the application will not be processed.*

**REMEMBER: You must include a copy of the most recent Internal Revenue Service tax statement (tax return) and the last three pay stubs of all working adults in order for this application to be processed.** You must also include your SSI Allocation statement, DSS budget worksheet and any unemployment documents (if applicable). You may choose to include your W-2's, and/or any other documentation that supports your current income. (This information will be held confidential). **\*Child Care and Summer Camp applicants must also complete the Department of Social Services Care-4-Kids application and return it with this application in order for this application to be processed or reviewed.\***

**I certify that the above information is true and complete to the best of my knowledge. If requested, I will provide further substantiation of all facts included above. I understand that applications take at least two weeks to process, after which a YMCA representative will contact me. I acknowledge that an incomplete application will not be processed.**

**Applicant's Name (print)** \_\_\_\_\_ **Signature** \_\_\_\_\_

Office Use Only	Date Received: _____
Program: _____	Date(s) of Program: _____
Financial Assistance Awarded (%): _____	

Branch Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_