

Open  Doors  
Scholarship Program



**Mission Statement**

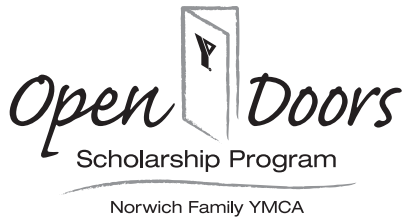
The Norwich Family YMCA strives to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

**Application  
for  
YMCA  
Scholarship  
Program**



**Norwich Family YMCA**

68-70 North Broad Street  
Norwich, NY 13815  
607-336-9622



The Norwich Family YMCA is proud to offer its Open Doors Scholarship Program which strives to carry out the YMCA mission by reaching out to serve people in need in our community. Each year the YMCA awards thousands of dollars in financial assistance to many deserving youth, teens, adults, seniors and families. Through the Open Doors Scholarship Program those who might not otherwise be able to afford YMCA programs and/or membership are able to participate.

## Scholarship Assistance Policy

Within the available resources of the association, the Norwich Family YMCA will provide services to any youth, senior, adult or family who desires to be a member, or participate in programs, of the YMCA. All YMCA members and program participants receive the same benefits regardless of their ability to pay the prescribed membership and/or program fee.

## Eligibility

1. Assistance will be granted on the basis of financial need resulting from low income, emergency expenses, or other circumstances which inhibit an individual's ability to pay the prescribed fee.
2. The YMCA believes a strong sense of ownership and pride is developed when the financial assistance recipient contributes to the cost of the YMCA membership or program.
3. Financial assistance may be granted for one session of a program such as Day Camp or a Fitness Class, or may be applied toward a one-year membership fee. Those applying for one session must reapply for each subsequent session; those receiving assistance for an annual membership need only reapply on an annual basis.

## Application Instructions

1. Applications are available at the Norwich Family YMCA front desk. If you have specific questions, call the YMCA Executive Director at 336-9622.
2. **All applications must be completed in full and submitted with a copy of last year's Federal Income Tax Return Form 1040 and one item from the following list.** (If a Tax Return Form 1040 is not applicable, two additional forms of verification from the following list are required.)
 

<input type="checkbox"/> pay stub	<input type="checkbox"/> unemployment documentation
<input type="checkbox"/> disability	
<input type="checkbox"/> SSI	<input type="checkbox"/> rent assistance
<input type="checkbox"/> food stamps	<input type="checkbox"/> alimony
<input type="checkbox"/> child support	<input type="checkbox"/> retirement
3. All applicants must also complete the necessary YMCA membership and/or program enrollment forms.
4. **If the application is for child care, Title XX benefits from the Department of Social Services must have already been denied.** Please attach denial letter with this application.
5. Return this application form with supporting documents to the YMCA Executive Director, Norwich Family YMCA, 68-70 N. Broad St., Norwich, NY 13815.

## Assistance is Available for:

- Youth, Adult, Senior or Family Memberships
- Child Care (afterschool, nursery school, babysitting)
- Day Camp or Teen Camp
- Youth Sports or Fitness Programs
- Special Events

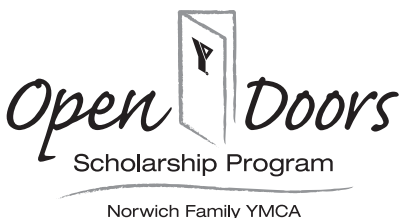
## Selection Process

- Financial assistance eligibility is ultimately left to the discretion of the YMCA Executive Director who must approve all scholarships.
- Financial assistance is determined following a thorough review of the application.
- All information is kept in confidence, and is reviewed solely by the Executive Director and processed through the Finance Office.
- Once the scholarship is processed, the discounted price will be available to the Professional Director responsible for the given program and front desk staff who handle program registrations.
- The YMCA is able to grant financial assistance only to the extent that the funds are available.
- The YMCA reserves the right to refuse assistance to any applicant.
- Please allow two (2) weeks for the processing of your application after which you will be notified with a decision letter.

## The YMCA Scholarship Program Serves:

- Youth referred by schools, churches and community-based organizations
- Families of adults who are temporarily out of work
- Families who are having difficulty "making ends meet"
- Individuals who may have encountered severe medical expenses
- Those who need our help

**We build strong kids,  
strong families,  
strong communities.**



## Application for Scholarship Assistance

Please read Application Instructions carefully, then fill out the following information, attach the necessary documents (photocopies only), and return the entire completed application to the Executive Director of the Norwich Family YMCA, 68-70 North Broad Street, Norwich, New York 13815.

### PLEASE PRINT ALL INFORMATION

**A. Household Information:** The following information should be completed by parents or guardians.

Date of Application _____	Social Security Number _____
Name _____	Home Phone _____
Address _____	Work Phone _____
_____	Place of Employment _____
City/State _____	Length of Employment _____
Zip Code _____	Date of Birth _____

**B. List all additional family members/dependents seeking financial assistance:**

NAME	BIRTH DATE	SCHOOL/EMPLOYER	MEMBERSHIP/PROGRAM REQUEST	AMOUNT ABLE TO PAY

If this application is for Child Care, you must first apply for, and be denied, Title XX benefits from the Department of Social Services. If requested, please submit your denial letter to the Norwich Family YMCA.

**C. Please complete the areas below for which you are requesting assistance. If applying for more than one area, please prioritize by number (1-5) in grey boxes provided.**

Membership

Please select one:

<input type="checkbox"/> Youth (12 and under)	<input type="checkbox"/> Senior Adult (62+)
<input type="checkbox"/> Teen (13-18 years)	<input type="checkbox"/> Family
<input type="checkbox"/> College (full-time)	<input type="checkbox"/> Single-parent Family
<input type="checkbox"/> Adult	

Program

Please select:

<input type="checkbox"/> Adult Sports	<input type="checkbox"/> Personal Training
<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Swim Lessons:
<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Adult <input type="checkbox"/> Child
<input type="checkbox"/> Group Exercise	<input type="checkbox"/> Other _____

Early Childhood Education

Please choose:

- Child Watch (6 weeks-8 years)
- Nursery (3-4 years)
- Preschool (4-5 years)
- Summer Kids Club (3-6 years)
- Other \_\_\_\_\_

School Age Child Care

Please choose:

- Before School Only
- After School Only
- Fun Club
- Number of Children \_\_\_\_\_
- Preferred Location \_\_\_\_\_

YMCA Camp

Please choose:

- Day Camp (5-11 years)
- Teen Camp (12-15 years)
- Adventure Camp (12+ years)  
(Off-site excursions)

*(continued on back)*

## Application for Scholarship Assistance (continued)

**D1. Have you ever applied for scholarship assistance at the YMCA?**     YES     NO

If yes, which YMCA? \_\_\_\_\_

**D2. Are you willing to participate in volunteer programs?**     YES     NO

If yes, what is your area of interest? \_\_\_\_\_

**D3. What volunteer services can you provide to the YMCA?** \_\_\_\_\_

**D4. What benefits do you see in having this scholarship to join the YMCA as a member or participant?** \_\_\_\_\_

**E1. Gross Monthly Family Income**

INCOME SOURCE	ADULT 1	ADULT 2	OTHER
Wages, Salaries, Tips			
Unemployment Compensation			
Social Security Compensation			
Child Support			
Aid to Dependent Children			
Food Stamps			
401k/Retirement			
Alimony			
Other			
<b>TOTAL MONTHLY INCOME</b>			

**E2. Monthly Family Expenses**

EXPENSES	ADULT 1	ADULT 2	OTHER
Rent/Mortgage			
Utilities			
Food			
Clothing			
Phone			
Car/Insurance			
Alimony			
Child Support			
Medical			
Child Care			
Other			
<b>TOTAL MONTHLY EXPENSES</b>			

Please list any extenuating circumstances or expenses that the YMCA should consider before processing this application.

\_\_\_\_\_

\_\_\_\_\_

**F. Signature:**

*I realize that the YMCA's financial assistance resources are limited, and if I am eligible for YMCA assistance, I am expected to seek additional funding from other sources such as the Department of Social Services. I also certify that the above information is true and complete to the best of my knowledge.*

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

**TO BE COMPLETED BY YMCA STAFF**

Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_

Staff \_\_\_\_\_ Percentage Awarded \_\_\_\_\_