FOR ALL
Open Doors Scholarship Program

The YMCA strives to provide programs that build healthy spirit, mind and body for ALL regardless of the ability to pay. To ensure that these programs remain available “FOR ALL,” the YMCA of Greater San Antonio has created the Open Doors Scholarship Program. This program is designed to provide families, children and adults with the financial assistance they need to obtain quality Child Care, Youth Programs, and/or Health & Wellness services.

Funding for Open Doors is made possible through the generous support of the Y Partners Annual Campaign in addition to grants from the United Way, City of San Antonio and other foundations. Scholarships are awarded on a first-come, first-served basis and are subject to available resources. Applications for scholarships will be reviewed and awarded on an individual basis and you may be asked to pay a portion of program fees.

YMCA OF GREATER SAN ANTONIO
DOCUMENTATION NEEDED FOR SCHOLARSHIP APPROVAL PROCESS

Documentation required at time of application includes:

**Household income:** For all working adults within the household, please provide ONE of the following:
- One month of current pay stubs
- Tax Return (Current year required after April 15)

**Other Documentation:**
- Proof of government funds, such as housing, Social Security, disability, etc.
- Proof of child support payments
- Proof of all other income such as contractual work, unemployment checks, etc.
- School schedule and ID if college student
- Copy of all Tax Return schedules if self-employed

**Monthly Income Chart**

$ ____________ Household’s Monthly Gross Income (before deductions)
$ ____________ Monthly Child Support
$ ____________ Monthly Social Security/Disability
$ ____________ Monthly Government Assistance (housing, TANF)
$ ____________ Other Monthly Income (e.g. workers comp, unemployment, investments, add’l household member)

$ ____________ Total Monthly Household Income

**Monthly Expense Chart**

$ _______ Monthly mortgage/rent
$ _______ Monthly auto expenses
$ _______ Monthly utilities (all)
$ _______ Monthly food
$ _______ Monthly medical
$ _______ Other Monthly Expenses

$ _______ Total Monthly Household Expenses
Documentation required at time of application includes:

Household income:

- For all working adults within the household, please provide ONE of the following:
  - One month of current pay stubs
  - Tax Return (Current year required after April 15)

Other Documentation:

- Proof of government funds, such as housing, Social Security, disability, etc.
- Proof of child support payments
- Proof of all other income such as contractual work, unemployment checks, etc.
- School schedule and ID if college student
- Copy of all Tax Return schedules if self-employed

Branch/Location: _________________________________ Date: ____________________________
Head of Household: _______________________________ Member#: _______________________________

Name: ________________________________________________________________________________ Date of Birth: __________________________
Phone(Home): __________________________ (Work): _______________________________ (Cell): ____________________________________
Address: _____________________________________________________ City: _____________________________ Zip Code: _______________
Council District: __________ Place of Employment: _________________________________

☐ Student, How many hours? __________________________

Name: ________________________________________________________________________________ Date of Birth: __________________________
Phone(Cell): ____________________________________________________ (Work): _________________________________________________________
Place of Employment: __________________________________________________________________________________________________________

☐ Student, How many hours? __________________________

How many are in household? _________
(Please count all your household members who regularly live with you, including those who are temporarily away from home.)

List all Household Members Including Applicant/Parent, Siblings and/or Spouse

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Gender</th>
<th>Age</th>
<th>Relationship to Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please list additional household members in the note section located on the reverse side.)

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA of Greater San Antonio immediately of any changes in income or family size. I understand that false or incomplete information could jeopardize my financial assistance and that I must apply again every year.

_________________________________________
Applicant’s Signature

Please use the Notes field on the reverse side for further explanations, if needed.

Last Revised 6/2012
The YMCA strives to provide programs that build healthy spirit, mind and body for ALL regardless of the ability to pay. To ensure that these programs remain available "FOR ALL," the YMCA of Greater San Antonio has created the Open Doors Scholarship Program. This program is designed to provide families, children and adults with the financial assistance they need to obtain quality Child Care, Youth Programs, and/or Health & Wellness services.

Funding for Open Doors is made possible through the generous support of the Y Partners Annual Campaign in addition to grants from the United Way, City of San Antonio and other foundations. Scholarships are awarded on a first-come, first-served basis and are subject to available resources. Applications for scholarships will be reviewed and awarded on an individual basis and you may be asked to pay a portion of program fees.

OFFICE USE ONLY

**Scholarship Type**

<table>
<thead>
<tr>
<th>Membership</th>
<th>_________ %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>_________ %</td>
</tr>
<tr>
<td>After School/Day Camp</td>
<td>_________ %</td>
</tr>
<tr>
<td>Early Learning</td>
<td>_________ %</td>
</tr>
<tr>
<td>Camp Flaming Arrow</td>
<td>_________ %</td>
</tr>
</tbody>
</table>

**Income Verification**

- [ ] Weekly  [ ] Bi-Weekly  [ ] Twice a Month  [ ] Monthly

<table>
<thead>
<tr>
<th>Pay Date</th>
<th>Gross Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IRS Tax Return _____________________________________________
Other Income ______________________________________________
Total Annual Income _____________________________________

**How to calculate:**
- **Tax Return:** The correct line item to use for the scholarship is the one titled "This is your total income."
- **Monthly payment:** Gross Amount x 12 = Gross Annual Amount
- **Semi-monthly payment (e.g. 1st and 15th):**
  - Add Gross Amount from two consecutive semi-monthly pay stubs.
  - Multiply total x 12 to get Gross Annual Amount.
- **Bi-weekly payment:**
  - Add Gross Amount from two consecutive bi-weekly pay stubs.
  - Multiply total x 13 to get Gross Annual Amount.
- **Weekly payment:**
  - Add Gross Amount from four consecutive weekly pay stubs.
  - Multiply total x 13 to get Gross Annual Amount.

*If scholarship discount is different from standard discount amounts, please indicate in notes below.*

**Notes:**

___________________________________________________________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________________________________________________________

Verified by ____ (1st staff initials)
Verified by ____ (2nd staff initials)