



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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**

Partner Agency



OPEN DOORS SCHOLARSHIP APPLICATION

ADULT 1/PARENT 1

Name: _____ Date of Birth: _____
 Phone(Home): _____ (Work): _____ (Cell): _____
 Address: _____ City: _____ Zip Code: _____
 Council District: _____ Place of Employment: _____
 Student, How many hours? _____

ADULT 2/PARENT 2

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

	First Name	Last Name	Gender	Age	Relationship to Applicant
1					
2					
3					
4					
5					
6					
7					
8					

(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

Branch/Location: _____ Date: _____ Head of Household: _____ Member#: _____

OFFICE USE ONLY

Scholarship Type

Membership _____ %

Program _____ %

After School/
Day Camp _____ %

Early Learning _____ %

Camp Flaming
Arrow _____ %

Staff's Signature

Date

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

Verified by _____ (1st staff initials)

Verified by _____ (2nd staff initials)

Income Verification

Weekly Bi-Weekly Twice a Month Monthly

Pay Date _____ Gross Pay _____

Pay Date _____ Gross Pay _____

Pay Date _____ Gross Pay _____

Pay Date _____ Gross Pay _____

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.

Notes:
