

# 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**

# 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: _____
	<input type="checkbox"/> Student, How many hours? _____
ADULT 2/PARENT 2	Name: _____ Date of Birth: _____
	Phone(Cell): _____ (Work): _____
	Place of Employment: _____
	<input type="checkbox"/> 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.)

Scholarship Expiration Date: \_\_\_\_\_ Member Initial: \_\_\_\_\_

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. Rates will revert to standard pricing at expiration unless a new scholarship is awarded.**

\_\_\_\_\_  
Applicant's Signature

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



Branch/Location: \_\_\_\_\_ Date: \_\_\_\_\_ Head of Household: \_\_\_\_\_ Member#: \_\_\_\_\_

**OFFICE USE ONLY**

**Scholarship Type**

Membership \_\_\_\_\_ %  
 Program \_\_\_\_\_ %  
 After School/  
 Day Camp \_\_\_\_\_ %  
 Early Learning \_\_\_\_\_ %

**Income Verification**

Verified by \_\_\_\_\_ (1st staff initials)  
 Verified by \_\_\_\_\_ (2nd staff initials)

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.

\_\_\_\_\_  
 Staff Signature

\_\_\_\_\_  
 Date

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

Notes:  
 \_\_\_\_\_  
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**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 may 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 Annual Support 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 recipients may be asked to pay a portion of program fees.

**YMCA OF GREATER SAN ANTONIO**