



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Everyone is Welcome at the Y!

Name of Applicant _____ Date of Birth _____

Address _____

Phone _____ Email _____

Total # of Adults living in the home: _____ Total # of Children living in the home: _____

Do you have a copy of your current tax return? Yes No

If yes, what is the total amount from line 22? _____

IF YOU PROVIDE CURRENT TAX DOCUMENTS THE INFORMATION BELOW IS NOT NEEDED.

Do you have Medicaid? Yes No

Are you employed (net)? _____ per month

Is anyone else in household employed (net)? _____ per month

Does anyone in household receive unemployment? _____ per month

Does anyone in household receive Social Security? _____ per month

Does anyone in household receive child/spousal support? _____ per month

Does anyone in household receive Veteran's/disability benefits? _____ per month

Are there any other forms of income? _____ per month

Do you receive food stamps? _____ per month

_____ Total Monthly

Annual household income after taxes _____ (monthly amount times 12)

Program Assistance:

- Other Youth Programming (sports, dance, aquatics, etc.)
- After School
- Summer Camp

The information I have provided to the Cannon YMCA is true and correct.

I understand that I am required to provide any additional documentation need for full verification by the last Thursday of my first draft month _____ or my draft will change to the full-paying member rate \$ _____ on _____.

I understand that my scholarship is ongoing and I must submit new information if my income changes.

If your family has extenuating circumstances you would like us to consider before awarding financial assistance, please note these on the back of this form and provide supporting documentation.

Applicant's Signature _____ Date _____

All information will be kept confidential.

Kannapolis YMCA
101 YMCA Dr.
Kannapolis, NC 28081
704.939.9622

West Cabarrus YMCA
5325 Langford Ave.
Concord, NC 28027
704.795.9622

Harrisburg YMCA
4100 Main St, Suite 200
Harrisburg, NC 28074
704.454.7800



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OFFICE USE ONLY:

Status of Scholarship (circle one) Fully Approved Verification Needed Denied

What verification is needed? _____

Percent off: _____ Membership Type: _____ Programming: OYP _____% AS _____% SC _____%

Joining Fee: \$ _____ Monthly membership: \$ _____ beginning on _____.

Staff Signature _____ Date _____

VERIFICATION: Acceptable documents for the following items if member does not have current tax returns. Please make copy of any verification provided and put with Open Doors Application.

Proof of Dependency Documents

- Birth Certificates: for anyone under the age of 18.
- Medicaid cards for anyone under 18.
- For a child over the age of 18 and a full time college student we need proof of full time status*. If the child is under the age of 18 if parents do not have birth certificates, we need custody paperwork. *Full time undergraduate student 12 hours, full time graduate student 6 hours.

Proof of Income Documents

- Two most recent pay stubs
- Copy of bank statement if direct deposited
- Unemployment benefit statement
- Social Security benefit statement
- Veteran's/Disability statement
- Child/Spousal support statement
- Any other forms of income
- Food Stamp statement or approval letter (If they do not have approval letter then they can go onto the website listed on the back of the EBT card and print off a monthly food stamp statement, showing the amount deposited on the card)

***If going with the Medicaid option, must have Medicaid cards**

Proof of Residency

- Driver's License
- Bank Statement
- Mortgage Statement or Rental Lease Agreement
- Utility Bill

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