



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

Dickson County Family YMCA

Open Doors Scholarship Application

The Dickson County Family YMCA is a non-profit organization here to serve the needs of our community. Our goal is to promote youth development, healthy living and social responsibility. In order to serve more of our community, our "Open Doors" program will provide assistance to those in need. The YMCA is a non-profit association offering opportunities for personal growth and service to others. The YMCA strives to serve all segments of the community. Within our available resources, every effort will be made to accommodate all who wish to participate in YMCA programs and services. No one will be denied access to any YMCA program or service solely on the inability to pay.

Who should apply? To support our assisted members, we ask applicants to complete a confidential form. A senior adult, couple, or family on a fixed income, a single parent who is trying to make ends meet, a family in transition, someone who needs a little help for a while- all of these are the faces of the YMCA Financial Assistance Program.

Name _____ **Age** _____

First _____ **Middle Initial** _____ **Last** _____

Address _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Birthdates ___/___/___ **Gender** **Male** **Female**

Home Phone _____

Cell Phone _____

Employer/School _____

Email _____

Emergency Contact Name _____

Phone Number _____

Membership Type **Family** **Single Parent Family** **Individual**

Teen **Senior Adult** **Senior Family**

Family Information: (Complete only if you are applying for a Family Membership)

Family Member Names Relationship Birthdate School/Employer

Annual Income: **Under \$10,000** **\$10,000-\$19,000**

\$20,000-\$29,000 **\$30,000-\$39,000** **\$40,000-\$49,000** **\$50,000+**



1. Why are you applying for a scholarship, and what benefits do you see in joining this YMCA community?

2. Monthly Amount your household can afford to pay:_____

3. To Qualify For Assistance, Provide the Following Documents:

I Filed Federal Taxes For Last Year:

- 1040 Federal Tax Form(s) for all incomes in the household.**
- I am an individual filing jointly; I am providing ONE 1040 form.
- We filed more than ONE tax form in our household; we are providing ____ 1040 forms.

OR I Did Not File Federal Taxes Last Year or My Household Income Has Changed Since I Filed For Taxes Last Year.

Documents Showing Most Recent 30 Days of income. (Including bank statement and pay stubs, documentation of government assistance or documentation of other sources of income.

\$_____ \$_____ × 12 Months = \$_____
Total Annual Household Income Total Annual Household Income

4. Membership Policy Statement:

The protection of our members and guest participating in our programs and/or using our facilities is a paramount interest to the Dickson County Family YMCA. The Dickson County Family YMCA reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse; is a registered sex offender; habitually or excessively uses narcotics or dangerous drugs; or continuously or excessively uses intoxicating beverages.

5. Please Read and Sign Below:

I do hereby declare the individuals mentioned above to be physically sound, having medical approval to participate in the activities of the YMCA. I do hereby agree to hold free from any liability the Dickson County Family YMCA staff, volunteers, and officers. I waive all rights and claims for all injury or damages occurred for heir, executors, and myself.

Signature:_____

Date:_____