



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

OPEN DOORS

The YMCA is available to all citizens of the community, regardless of age, background, ability or income.

**Rappahannock Area YMCA
Massad Family YMCA
540.371.9622 ext. 1010 or 1063
www.family-ymca.org**

King George Branch

10454 Kings Highway
King Georg, VA 22485

Massad Branch

212 Butler Road
Falmouth, VA 22405

Spotsylvania Branch

5700 Smith Station Road
Fredericksburg, VA 22407

FINANCIAL ASSISTANCE APPLICATION

Please print all information clearly.

FULL NAME _____
 (Parent, Guardian, Head of Household, if applicable)

ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ DATE OF BIRTH _____
 EMPLOYER _____ WORK PHONE _____
 E-MAIL ADDRESS _____

SPOUSE NAME _____ DATE OF BIRTH _____
 EMPLOYER _____ WORK PHONE _____
 E-MAIL ADDRESS _____

**PLEASE LIST FULL NAMES AND AGES OF ALL DEPENDENTS IN YOUR
 HOUSEHOLD (UNDER THE AGE OF 18; UP TO 24 IF FULL-TIME
 COLLEGE STUDENT—PROOF REQUIRED)**

NAME	DATE OF BIRTH	GENDER

EMERGENCY CONTACT _____
 RELATIONSHIP _____ PHONE _____

PLEASE CHECK THE AREA FOR WHICH YOU ARE APPLYING:
 PROGRAM (Select one of the following):

_____ MEMBERSHIP

- _____ AQUATICS
- _____ DAY CAMP
- _____ CHILD CARE
- _____ YOUTH SPORTS
- _____ PRESCHOOL
- _____ OTHER

INCOME & EXPENSE DECLARATION

When declaring your income, please include all steady forms of income that you and your household receive including the following: current income from all employers, unemployment compensation, retirement income, social security income, disability income, child support supplements, and alimony supplements.

Monthly Gross Salary	\$ _____
Spouse's Monthly Gross Salary	\$ _____
Unemployment Compensation	\$ _____
Retirement Income	\$ _____
Social Security	\$ _____
Disability	\$ _____
Child Support	\$ _____
Alimony	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____

What expenses or other extenuating circumstances would you like for us to consider when processing your application? (i.e. Medical bills, elderly dependent, frozen assets, etc.) If you pay child support, please provide a copy of your court order. Please include the amounts you are spending monthly when describing your additional expenses.

It will be necessary to update your information annually in order to keep your membership file current. We will send you a renewal notice in the mail prior to your renewal date. Your membership fee is subject to change due to an increase/decrease in your personal family income, or YMCA membership annual rate increases. If you do not renew annually, your membership may be terminated.

I certify that all information that I am submitting is correct, true, complete and accurate. I understand that additional information may be requested in order to keep my OPEN DOORS financial assistance membership active and valid. I understand that my membership may be terminated if I have provided false information.

Applicant Signature _____ **Date** _____

OPEN DOORS APPLICANT EVALUATION

TO BE COMPLETED BY MEMBERSHIP STAFF ONLY

APPLICANT NAME _____ DATE _____

MEMBERSHIP STAFF REPRESENTATIVE _____

DOCUMENTATION INCLUDED:

_____ TANF / FOOD STAMPS/OTHER FEDERAL SUBSIDIES
_____ TAX RETURN
_____ TWO PAY STUBS
_____ UNEMPLOYMENT STATEMENT: _____
_____ CHILD SUPPORT DOCUMENT
_____ SOCIAL SECURITY/DISABILITY STATEMENT
_____ APPLICANT LETTER*

(*Accepted at the discretion of Member Services & Branch Director when no other documentation is able to be provided)

APPLICANT STATUS: New Applicant _____ Renewal _____ Current Member _____

APPLYING FOR:

_____ Membership Membership Type _____

_____ YMCA Program Program Name _____
Program Dates _____

TOTAL GROSS INCOME: \$ _____

SCHOLARSHIP AWARD:

_____ % Paid by Participant _____ % Paid by Financial Assistance

Original Membership Fee	\$ _____	Original Program Fee	\$ _____
Adjusted F/A Membership Payment	\$ _____	Adjusted F/A Program Payment	\$ _____
Amount Subsidized	\$ _____	Amount Subsidized	\$ _____

1 FULL PAYMENT \$ _____ 2 PAYMENTS \$ _____ 3 PAYMENTS \$ _____

4 PAYMENTS \$ _____ BANK DRAFT \$ _____

RENEWAL DATE: _____

STAFF SIGNATURE _____ DATE _____