



YMCA OF COLUMBIA

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OPEN Y PROGRAM APPLICATION

The YMCA of Columbia is a not-for-profit organization that puts Christian principles in to practice through programs that build healthy spirit, mind and body for all. The YMCA is here to serve people of all ages, abilities, backgrounds and incomes. We are community based and believe that our programs should be available for everyone. That is why we offer the Open Y program. The YMCA of Columbia relies on supplied information regarding income and family size to determine the level of financial assistance in a fair and consistent manner.

The YMCA also requires that everyone reapply on an annual basis to keep the information on their application up to date and ensure to the Y is consistently helping those that require assistance to utilize YMCA programs. If you do not reapply when requested, your membership will be cancelled. Fees are subject to increase when reapplying for the Open Y Program.

Name of applicant _____ **Date of birth** _____

Person to be billed if other than applicant _____

Phone _____

Address _____

City _____ **State** _____ **Zip** _____

Email _____

Annual household income before taxes _____ **Total number in household** _____

By signing below, I verify the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be cancelled from the program at the YMCA's discretion. I understand that should I receive approval for a YMCA scholarship that approval will be good for one year from date of approval. I will be required to reapply and be re-evaluated on an annual basis to continue on the program. I understand that if I choose to cancel my membership I cannot rejoin at a scholarship rate for one year from that date.

Applicant Signature _____ **Date** _____

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Financial Aid APPROVED or DENIED (circle one) **Calculated Income** _____ **Percentage given** _____

Monthly Dues _____ **Adult / Family / Young Adult** (circle one) **Approved By** _____

Approved Date _____ **Daxko Unit ID** _____ **Date** _____