YMCA of Columbia



We're for youth development, healthy living and social responsibility

Open Y Program

The YMCA of Columbia is a not-for-profit organization that puts Christian principles into practice through programs that build healthy spirit, mind and body for all. YMCAs are here to serve people of all ages, abilities, backgrounds and incomes. The Y is community based and believes that the programs should be available for everyone. That is why we offer the Open Y program.

The YMCA of Columbia requires that individuals interested in the Open Y Program complete this application and provide all requested criteria, listed below, with application at a Y branch so that we can provide financial assistance in a fair and consistent manner. The YMCA also requires that individuals reapply on an annual basis for membership and seasonally for programs to keep their information on file up to date and ensure the Y is consistently helping those that require assistance to utilize YMCA programs. Fees are subject to increase when reapplying for assistance. If you do not reapply when required; your fees will increase to published rate at that time.

To process your application, we require all the following criteria to be submitted. If any of the following criteria is not submitted with application, we will not be able to process your application. If any required criteria cannot be submitted, it should be addressed in your letter of explanation as to why it's not submitted and at the Y's discretion made by accepted.

- □ Copy of last year's Federal tax return for all adults in household OR a letter from the IRS stating no tax return was filed (use IRS form 4506-T to obtain letter from IRS)
- Copy of last two pay stubs for all adults in household
- □ Copy of Social Security or disability for all adults in household (if applicable)
- □ Copy of paperwork for any income received by all adults in household (i.e. food stamps, child support, welfare benefits, etc.)
- □ YMCA Open Y Program Application
- □ Copy of Driver's License for all adults on application
- ☐ Letter explaining circumstances of need (detailed information will assist the Y in understanding your needs)

Please allow 7-business days for processing. The Y will contact you at phone number and/or email address listed.

YMCA of Columbia Columbia, SC 29201

Drop off your application at the most convenient location. Check our website for address: www.columbiaymca.org

YMCA of Columbia Open Y Scholarship Application

Please		program you are requesting Fin	ancial Assistance for:		
	Membership Childcare	(check to indicated which program:Day	/ Camp Preschoo lAfter-School	Homeschool)	
	Aquatics Youth Sports				
	Swim Team				
<u>PLEAS</u>	SE PRINT CLE	<u>EARLY</u>			
Applica	ant's Name: _		Date:		
Mailing	Address:		City:	Zip:	
Home Phone: Work Phone:		: Cell Ph	Cell Phone:		
Email Address: Number of Adults in house			in household:		
I	Please list al	l persons living in your househ	old (do not include yourself)	Want on membership?	
				circle one to indicate	
		Relationship:			
		Relationship:			
		Relationship:			
Name:		Relationship:	Date of Birth	Yes / No	
		,	bers on reverse side of this application		
	Number in Household (counting yourself)				
Addition	onal Questior	is:	Y/N	Indicate \$ amount	
1.	Are you curre	ntly receiving monthly income for?	Food Stamps		
			Child Support		
			Welfare benefits		
			Social Security (SS	I)	
2. What is your total monthly income?		2 nd Adult income?	2 nd Adult income?		
3.	3. What is your total annual income?		2 nd Adult income?	2 nd Adult income?	
4.	Are you curre	ou currently employed?(circle one) YES / NO Name of current employer?			
5.	5. Is the any other person on application currently employed? (circle one) YES / NO				
	If so list name of person and name of current employer for each?				
	tenuating circum	ur need for financial assistance must stances, the Y's committee will have a be			
By sign	ing below, I ag	gree to notify the YMCA of any chang			
		or inaccurate information, or fail to n the YMCA's discretion without notific			
Open Y	Program, that	the approval will be good for one ye	ar from date of approval. I agree	to reapply and be re-	
		ed, in order to continue in the Y's Op tion of your financial assistance and			
By sign	ing below, I ve	erify the information submitted is con	rect, complete and accurate	_	
What	can you affor	d to pay monthly?	(must be completed and car	nnot be zero)	
Applicant's Signature:			Date:	Date:	
FOR OFFICE USE ONLY					
Date of	review:	Total Income Listed:		ualifying Income:	
				· · · · · · · · · · · · · · · · · · ·	
Program	approved for:	% of Scholarship: _	Monthly amount to be pai	d for program:	
Approve	roved by: Title:				

Reevaluation date: _

Unit ID # in DAXKO: __