

# Open Doors Financial Assistance Application



## STEP 1

FILL OUT THE FINANCIAL ASSISTANCE  
APPLICATION

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## STEP 2

TURN IN ALL FINANCIAL  
DOCUMENTATION

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## STEP 3

WAIT 2-3 WEEKS FOR PROCESSING

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# Open Doors Financial Assistance Program

The YMCA is for everyone!

The YMCA of North Central Ohio is a nonprofit organization committed to strengthening our community. Every day, we work side by side with our neighbors to make sure that everyone, regardless of age, income and background have the opportunity to learn, grow and thrive!

That is why we offer financial assistance through a sliding fee scale that is designed to fit each individual's financial situation. This allows the price of membership to be heavily discounted for eligible applicants. If approved, financial assistance is good for one year.

The funds available for financial assistance are made possible through the generosity of our members and donors in our YMCA Annual Campaign, allowing those in need to experience our child care programs, YMCA facility memberships, youth sports and other YMCA programs.

We believe that everyone is better off when we all have the ability to be our best selves!



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA OF NORTH CENTRAL OHIO

Membership ID#: \_\_\_\_\_

Health Program ID#: \_\_\_\_\_

## OPEN DOORS MEMBERSHIP APPLICATION

Thank you to the Richland County Foundation, Shelby Foundation and the generous donors of our community who help make this possible!

Branch:  Mansfield YMCA  Shelby YMCA

Type of Membership (Please check one)

- Individual  **\*\*Family Summer Program\*\***  
(June-September **ONLY**)
- Household **\*\*Must be paid in FULL or AutoPay\*\***



Primary Member (Please Print)

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male/Female Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Unit# City State Zip Code

Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Ethnicity: Asian/Pacific Islander African American/Black Hispanic American Indian  
Caucasian/White Other: \_\_\_\_\_

Additional Family Members that reside in the same house as you (Please Print)

1.	First Name	Last Name	Gender	Date of Birth	Ethnicity
2.			M / F	/ /	
3.			M / F	/ /	
4.			M / F	/ /	
5.			M / F	/ /	
6.			M / F	/ /	
7.			M / F	/ /	
8.			M / F	/ /	
9.			M / F	/ /	
10.			M / F	/ /	

How did you hear about the Y?

- YMCA Website  E-mail  Employer  Family  Former Member  Internet  
 Newspaper  Radio  Member  Friend  Billboard  
 Direct Mail  Other: \_\_\_\_\_

## Assistance Desired For:

Membership & Programs

Programs ONLY

Please submit your completed Financial Assistance Application with the following:

**Financial Assistance is based on total household income.**

\_\_\_\_ Copy of most recent Federal Taxes for all adults in the residence

\_\_\_\_ Copies of the last two paycheck stubs for all those working in the household.

\*A copy of your Schedule C from taxes if self-employed.

\_\_\_\_ Other supporting documents that help show need or changes in financial situation not reflected in your 1040.

\_\_\_\_ Copy of weekly statement from unemployment agency/any other assistance received

\_\_\_\_ **Thank you note for the Donors who make this Scholarship Fund possible.**

\*Not required for approval, but greatly appreciated

## HOUSEHOLD INCOME INFORMATION

1 month of financial documentation is **required** for all persons listed on the membership

\*application may be revoked without copies:

Salary, Wages & Tips: \_\_\_\_\_

Unemployment: \_\_\_\_\_

Social Security: \_\_\_\_\_

Child Support: \_\_\_\_\_

Alimony: \_\_\_\_\_

Retirement/Pension: \_\_\_\_\_

Other: \_\_\_\_\_

Total Income Monthly: \_\_\_\_\_



Please read & initial the following:

\_\_\_\_\_ I affirm to the best of my knowledge that the information I provided is true and complete. I understand that if I falsify any of the above information, I will not be eligible for assistance.

\_\_\_\_\_ I realize that my Financial Assistance Application will not be processed until all documentation has been provided.

\_\_\_\_\_ **I understand I will be responsible for any outstanding balances due to the YMCA OF NCO. (Late fees may apply)**

\_\_\_\_\_ **I understand that I am participating in a financial assistance program, that once approved is based on a 12-month term (Family Summer Program only offered/available June-September).**

\_\_\_\_\_ **I understand that if I fail to make my monthly membership dues my membership is subject to termination, and I may be ineligible for future participation.**

\_\_\_\_\_ I understand that I am responsible for the **\$20 Building Maintenance Fee** which will apply per membership unit per calendar year as long as I am an active member of the YMCA.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### For Membership Office Use:

Received Date: \_\_\_\_\_

Approved Date: \_\_\_\_\_

Renewal/Re-Eval Date: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Employee Initial: \_\_\_\_\_