



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Let Us Help!

## OLD TOWN – ORONO YMCA

Thank you for your interest in the YMCA Open Doors Scholarship. We offer assistance to individuals and families who are not able to pay full fees for Y memberships and/or childcare.

To apply for financial assistance, please bring all the following information to the Old Town – Orono YMCA Welcome Center.

1. Completed financial assistance application.
2. A copy of your most recent federal income tax return. If you do not file federal income taxes, please call 1-800-TAX-FORM (1-800-829-3676) for a verification letter.
3. Two most recent paycheck stubs or letter from your employer verifying your employment and stating your annual salary. If you are unemployed, draw social security or are a full-time student; please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.

Please mark out all social security numbers, tax ID numbers and/or credit card numbers before submitting any paperwork.

Bring all completed forms and necessary paperwork to the YMCA. You can return paperwork to the Old Town – Orono YMCA Welcome Center. Be sure to include all of the needed items and paperwork, as missing documentation will slow down the application evaluation process.

You will receive an email within two weeks regarding your qualification and next steps.

We look forward to serving you.

**YMCA Staff**

Old Town – Orono YMCA  
472 Stillwater Ave.  
Old Town, ME 04468



Date Received	
Front Desk Initials	
All Documents	Y or N
Applicants PID	

## Old Town – Orono YMCA Open Doors Scholarship

The YMCA strives to make our programs and membership available to all who benefit from them, regardless of their ability to pay. All financial assistance is granted on a sliding scale base on income and need. All information is kept confidential.

**Primary Applicant:** \_\_\_\_\_  New Application     Renewal    Date \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_  Home  Work    Mobile # \_\_\_\_\_  Home  Work

Email \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

**Secondary Applicant:** \_\_\_\_\_  New Application     Renewal

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_  Home  Work    Mobile # \_\_\_\_\_  Home  Work

Email \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

**Spouse and Dependents Living at Home (Please complete.)**  
Tax Forms must reflect those that are listed below.

Name	Employer/School	Birth Date	Gender	Relationship

Is yours a one-adult household?     Yes     No     Not applicable



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Please share why you are applying for financial assistance.

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Please select which type of Financial Assistance you are requesting:

Membership  Adult  Teen  Family  Older Adult  Senior Couple  
 Childcare Days Attending  3 Days  5 Days Childcare Type  ASAP/SAP  Preschool

Dependents (ages 22 and under) may include children, foster children, grandchildren, and other children for whom the adult is guardian and is tax dependent \*\*

	Your Income	Spouse's Income	Other Income
Salary, Wages and tips	\$ _____	_____	_____
Unemployment Compensation	\$ _____	_____	_____
Social Security Compensation	\$ _____	_____	_____
Child Support	\$ _____	_____	_____
Aid for Dependent Children	\$ _____	_____	_____
Food Stamps	\$ _____	_____	_____
401 (k) Retirement	\$ _____	_____	_____
Alimony	\$ _____	_____	_____
School loan income	\$ _____	_____	_____
Housing allowance	\$ _____	_____	_____
Other	\$ _____	_____	_____
<b>Total Annual Income</b>	<b>\$ _____</b>	<b>_____</b>	<b>_____</b>

Submit your completed Financial Assistance Application with the following:

1. Current year's Federal Tax Return (Form 1040 pages 1 and 2 only; or 1040EZ)
2. Copies of your last two paycheck stubs OR a letter from your employer stating your annual salary
3. Copies of any supporting documentation listed in the above annual salary line items

\* I do not file a federal Tax Return based on federal government income guidelines

**Applications received without the above documentation attached will be returned unprocessed.**

I certify that this information is true and completed to the best of my knowledge. I grant permission to the Old Town - Orono YMCA to verify this information. I agree to notify the YMCA if my financial status should change.

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

\_\_\_\_\_  
Date

Old Town – Orono YMCA  
 472 Stillwater Ave.  
 Old Town, ME 04468