the YMCA®

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OPEN DOORS

FINANCIAL ASSISTANCE

The Y works to make sure that everyone has the opportunity to learn, grow & thrive.

www.ymcagloco.org

856-845-0720

YMCA OF GLOUCESTER COUNTY
235 East Red Bank Ave
Woodbury NJ 08096

OPEN DOORS CAMP APPLICATION

The YMCA of Gloucester County is a not-for-profit organization committed to helping people grow in spirit, mind, and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The Y is community-based, and we try to make programs and services available to everyone. That is why we offer the OPEN DOORS program, which is designed to fit each individual's financial situation using a sliding fee scale, based on income and household size and is made possible through contributions we receive from Annual Giving donations.

The YMCA of Gloucester County requests that individuals complete and submit the attached form about income and household size so we can provide financial assistance in a fair and consistent manner. The YMCA also requires individuals to re-apply each camp year to renew their financial assistance, Open Doors Camp runs June - August and is given while funds are available. **The ability to respond to requests for assistance is dependent upon the success of our fund raising projects and current operating finances.**

Please allow 10 FULL business days (not including weekends or holidays) to process your application

Applicant: _____ New Applicant _____ Renewal Applicant

Current YMCA of Gloucester County Member: _____ Yes _____ No

Applying for:

(check all that apply) _____ Day Camp _____ Before Care _____ After Care

APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY. (All information will be strictly confidential.)

PERSONAL INFORMATION

If you need assistance in completing this application, please email Kim Orlich, Administration Manger for help at korlich@ymcagloco.org.

Name _____ Gender_____ Home Phone _____

Cell Phone _____ Email _____

Address _____ Apt. # _____

City _____ State _____ ZIP _____ Date of Birth _____

Are you married? _____ Yes _____ No Total number in household _____

List names (last names, too, if different from applicant), relationship, gender, and ages of all persons in the household.
Your household includes dependents you claim on your federal income tax return.

Additional Household Members

1) _____ Relationship_____ Gender _____ Age _____ Date of Birth _____

2) _____ Relationship_____ Gender _____ Age _____ Date of Birth _____

3) _____ Relationship_____ Gender _____ Age _____ Date of Birth _____

4) _____ Relationship_____ Gender _____ Age _____ Date of Birth _____

5) _____ Relationship_____ Gender _____ Age _____ Date of Birth _____

Preferred Method of contact: ☐ **E-Mail** ☐ **Cell Phone** ☐ **Home Phone**

INCOME WORKSHEET

Employer _____ Work Phone _____

Position _____ Length of employment _____ Part-time _____ Full-time ____

Gross Monthly Income (before taxes) _____

Other Adult's Employer _____ Work Phone _____

Position _____ Length of employment _____ Part-time _____ Full-time ____

Gross Monthly Income (before taxes) _____

INCOME:

To process your application, we will need the following information for **ALL** adults living in the household to verify household income. Please submit COPIES of these documents:

☐ $ ___ Federal 1040 Tax Return, first 2 pages (if you did not file, see note below) Handwritten copies not accepted.
NOTE: If you did not file or you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service 1-800-829-1040

☐ $ ___ Self Employed attach Schedule C, D or E or appropriate tax forms

☐ $ ___ Last two (2) paystubs (weekly, bi-weekly, monthly)

☐ $ ___ Social Security Benefits/Disability Benefits

☐ $ ___ Retirement/Pension Income

☐ $ ___ Unemployment – (one month)

☐ $ ___ State Assistance/TANF, with Food Benefits (ALL pages must be submitted)

☐ $ ___ POC Authorization (or Denial Letter)

☐ $ ___ Child Support

☐ $ ___ Alimony

☐ $ ___ Rutgers Denial Letter

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I verify that all the information provided is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days or my benefits from the OPEN DOORS program may end.

_____
Signature of Applicant

_____
Date

Revised 4/22/2021