

Original

**DORCHESTER COUNTY FAMILY YMCA, INC**  
201 Talbot Avenue  
Cambridge, Maryland 21613  
410-221-505 Fax 410-221-0514

**Access Program Application**

(Please Print and Complete booth sides)

Date of Application: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Are you a single -parent household? \_\_\_\_ yes \_\_\_\_ no  
Application for Financial assistance is for  
\_\_\_\_ Membership  
\_\_\_\_ Program  
\_\_\_\_ Child Care  
\_\_\_\_ Other please explain:

Spouse/Child(s) Name	Employer/School	Age	Birth Date
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____

Have you ever applied for scholarship assistance before at the YMCA? \_\_Y \_\_N

Did you provide volunteer service? \_\_Y \_\_N if yes please explain

How many volunteer hours did you provide? \_\_\_\_\_

**To further assist you, you must attach last year's Internal Revenue Service Tax Statement and your SSI allocation statements (if applicable) to verify your annual earnings.**

**NO APPLICATION WILL BE REVIEWED WITHOUT THIS DOCUMENTATION.**

What is the dollar amount that you are willing to pay or have the ability to pay each month?

Membership           \$ \_\_\_\_\_ per month  
 Program               \$ \_\_\_\_\_ per session  
 Day Camp             \$ \_\_\_\_\_ per week

What benefits do you see in having this scholarship as a member or participant at the YMCA?

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Why are you **applying** for assistance?

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What volunteer service can you provide to the YMCA?

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**Selection Process**

Financial assistance eligibility is ultimately the responsibility of the Executive Director who must approve all grants. Financial assistance determination is based on a thorough review of the application and personal interview with the applicant (when necessary). For some programs, such as child care and summer camp, a staff person will be designated to handle the personal interviews and reviews, but *the* CEO must co-sign and keep the confidential records. The YMCA **will** grant **up** to 50% financial aid. The YMCA reserves the right to refuse assistance to any applicant.

Household Income (list everyone working or receiving benefits in you house)

**LIST ALL AMOUNTS AS PER YEAR**

Name	SSI	Income	Child Support	Food Stamps	