

Thank you for your interest in YMCA programs.

**YMCA Financial Assistance Program**

The Whatcom Family YMCA strives to make membership and programs available to people of all socioeconomic levels. If you or your family needs assistance in paying fees for YMCA programs or membership, the YMCA Financial Assistance Program is available. Because the YMCA wishes to help as many individuals as possible, participants are expected to pay their fair share. Partial assistance is awarded based on the ability to pay and the YMCA's available funds. Funding for all financial assistance comes from the annual *YMCA Strong Kids Campaign* plus a portion of our *United Way* allocation.

**Eligibility**

Anyone who substantiates financial need can apply. Proof of income is required **before** application can be accepted.

**How to Apply**

A confidential application is attached. Additional applications are available at the YMCA Business Desk (Mon-Fri, 8am-7pm) or on our website at [www.whatcomymca.org](http://www.whatcomymca.org). Complete the application thoroughly and accurately and attach all income verification. Return your completed application in person or mail to:

**Whatcom Family YMCA,  
1256 N State St  
Bellingham, WA 98225**

**Please Note**

Membership applications are reviewed in the order that they are received. Financial aid is awarded for three months at a time and is generally discounted by 50%. Application in advance is highly recommended. Due to the volume of requests, assistance for membership could take three-four months. Incomplete applications will delay awarding of assistance. Scholarships are awarded once a month at the end of the month for the next month. When a scholarship is approved, an award letter will be mailed to the address on the application.

**Special Circumstances**

If you feel that there are special circumstances that should be considered, please provide that information in writing along with your explanation and proof of income.

**YMCA Mission Statement**

*The Whatcom Family YMCA is an association of individuals with shared values which enhance the community with programs for the spirit, mind and body.*





We build strong kids, strong families,  
strong communities.

**CONFIDENTIAL**

Please check department for which assistance is requested.

- Membership - Circle One - Adult / Family / Single Parent / Couple / Youth / Senior
- Swim Lessons - Specify Class \_\_\_\_\_
- Youth Sports - Specify Sport \_\_\_\_\_
- Fitness - Specify Class \_\_\_\_\_
- Climbing Wall - Specify Class \_\_\_\_\_
- Before & After School - Specify Schedule \_\_\_\_\_
- Licensed Day Camp - Specify Dates & Schedule \_\_\_\_\_
- Adventure Camp - # of Weeks \_\_\_\_\_
- Caravans - Specify Trip \_\_\_\_\_
- Early Childhood Childcare - Specify Schedule \_\_\_\_\_

**PERSONAL**

Participant/ Child's Full Name \_\_\_\_\_  
 Foster Child? Yes  No  Birthdate \_\_\_\_\_ Sex M / F  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_  
 (if applicant is 18 years or younger)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

**DEPENDENT CHILDREN**

Name _____	Birthdate _____	Sex M / F
Name _____	Birthdate _____	Sex M / F
Name _____	Birthdate _____	Sex M / F
Name _____	Birthdate _____	Sex M / F

**EMPLOYMENT**

Are you currently employed? Yes  No   
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Length of time employed \_\_\_\_\_

**STUDENT INFORMATION**

Are you currently enrolled in school? Yes  No   
 Name of school or program \_\_\_\_\_  
 Full time?  Part time?   
 Receiving financial aid? Yes  No   
 Graduation Date \_\_\_\_\_

**GENERAL**

Reason for request for financial assistance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of time assistance needed \_\_\_\_\_

What portion of the required fees are you able to pay per  
program/month? \_\_\_\_\_

If needed, what type of volunteer services could you provide this agency?  
(Please specify) \_\_\_\_\_

**\*INCOME**

Monthly Net \$ \_\_\_\_\_ Spouse's Net \$ \_\_\_\_\_ Total \$ \_\_\_\_\_  
Other income(child/spousal support, etc.) \_\_\_\_\_  
\_\_\_\_\_

State or Financial aid, food stamps, medical aid, etc.  
Please specify \_\_\_\_\_  
\_\_\_\_\_

If no State assistance, have you applied? Yes \_\_\_\_ No \_\_\_\_  
If not eligible, please explain why \_\_\_\_\_  
\_\_\_\_\_

**\* Total family income must be verified. Please furnish proof of income, payroll check stub or  
letter from employer verifying salary. All sources of income should be included.**

**EXPENSES**

Please list monthly expenses (general estimate)

<b>SOURCE</b>	<b>MONTHLY EXPENDITURE</b>	<b>SOURCE</b>	<b>MONTHLY EXPENDITURE</b>
Mortgage/Rent	_____	Credit Cards	_____
Utilities	_____	Transportation	_____
Food	_____	Personal Costs	_____
Childcare	_____	Other (Specify)	_____
Medical Costs	_____	Total \$	_____

I Certify that the information provided is true and complete to the best of my knowledge and I agree to provide  
additional documentation to verify financial need, if requested.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**YMCA STAFF USE ONLY**

Program Director's recommendation/comments \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Membership type \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

Assistance \_\_\_\_\_  
Payment \_\_\_\_\_  
Approved by \_\_\_\_\_

Administrative comments regarding assistance granted or denied \_\_\_\_\_  
\_\_\_\_\_