



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Open Doors Program

READ THIS INFORMATION BEFORE COMPLETING THE FINANCIAL ASSISTANCE FORM

The Whatcom Family YMCA is a non-profit membership organization committed to strengthening the foundations of community through programs that promote a healthy spirit, mind and body for everyone, regardless of ability to pay. Financial assistance is provided to the extent possible to those in need, due to financial hardship or an unexpected emergency. That is why we offer our Open Doors Program and review applications on an individual basis. Funding for all financial assistance comes from the **YMCA Community Support Campaign** plus a portion of our **United Way** allocation.

The Whatcom Family YMCA believes that a strong sense of ownership and pride is developed if members have contributed to the cost of their YMCA involvement. Therefore, Open Doors applicants will be asked to pay a portion of the membership and program fee. As a result of the current economy, we continue to see an all time high in scholarship requests for membership and program access. In order to continue to provide financial assistance to others, your portion of the scholarship may be subject to increase when you reapply. Scholarships are awarded on a first come, first serve basis as funds are available.

Applicants requesting financial assistance must fill out the attached form and provide all the information required. **Incomplete forms will be returned.** We need to be aware of your income and expenses so that we can provide financial assistance in a fair and consistent manner. Financial information is confidential and not kept on file. Financial information is destroyed once it has been considered. To process your application, you will need to attach a copy of a recent pay stub, social security/disability award letter or copy of any other assistance you may receive (TANF, unemployment, food benefits, etc.). You are responsible for making copies of your information. Falsification of information could lead to immediate termination of your membership or denial of a program scholarship. If you feel that there are special circumstances that should be considered, please provide that information in writing along with your application and proof of income.

Allow 7-10 days to process a **program** application. **Membership** applications are reviewed only once a month near the end of the month for the next month. Membership scholarships are awarded for six months at a time and are generally discounted 10-50%. Due to the volume of membership requests, there may be as much as a three month waiting period. When an application has been accepted an award letter will be mailed to the address on the application. Bring the award letter with you when registering for the approved program or membership.

All Whatcom Family YMCA participants receive the same membership and program benefits, regardless of whether or not they are receiving financial assistance. Members can feel good knowing that they are involved in an organization that cares greatly for the health and well-being of the people in their community.

## Whatcom Family YMCA

1256 N. State Street, Bellingham, WA 98225  
360 733 8630 [www.whatcomymca.org](http://www.whatcomymca.org)



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# Open Doors Application

(Select membership/program to be considered)

**CONFIDENTIAL**

**Membership:**

- Youth
- Adult
- Family
- Single Parent Family
- Couple
- Senior
- Senior Couple

**Program:**

- Childcare
- Licensed Day Camp
- Adventure Camp
- Youth Sports
- Girls on the Run
- Teens/KNO
- Climbing Programs
- Swimming
- Martial Arts
- Adult Fitness Programs

List Specific program and session dates:

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## Primary Member or Program Participant

First Name	M.I.	Last Name	M / F	Birthdate
Address	Apt.	City/State	Zip	
Phone Number	Email Address			
Spouse's First Name	M.I.	Spouse's Last Name	M / F	Birthdate
Child's First Name	M.I.	Child's Last Name	M / F	Birthdate
Child's First Name	M.I.	Child's Last Name	M / F	Birthdate
Child's First Name	M.I.	Child's Last Name	M / F	Birthdate
Child's First Name	M.I.	Child's Last Name	M / F	Birthdate

## General Information

Reason for requesting financial assistance?

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Are there extenuating circumstances that we should know about when reviewing your application?

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What amount of the membership/program fee can you pay per month or session?    \$

Are you reapplying to continue scholarship assistance?     Yes     No

If needed, what type of volunteer services could you provide the Whatcom Family YMCA?

## Employment Information (If applying for youth membership we are requesting parent/guardian information)

Employer	Position	F.T. or P.T.
Length of Employment	Work Phone	Net Monthly Income

## Spouse's Employment Information

Spouse's Employer	Position	F.T. or P.T.
Length of Employment	Work Phone	Net Monthly Income

