



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 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

**Attach proof of income:** Pay stub, social security or disability letter, child support, TANF, food program, unemployment, etc.

Application forms without verified income or benefits will be returned.

If you have "no income" how are you meeting expenses?

**Income / Expense Worksheet**  
If applying for a youth membership this information pertains to the parent/guardian

Monthly Income		Monthly Expenses	
Your gross monthly income:	\$	Rent / Mortgage / Taxes:	\$
Spouse's net monthly income:	\$	Transportation:	\$
Social Security / Disability:	\$	Utilities:	\$
Child Support:	\$	Phone:	\$
TANF:	\$	Food:	\$
Food Stamps:	\$	Child Care:	\$
Unemployment:	\$	Medical:	\$
Other:	\$	Other:	\$
<b>Total:</b>	<b>\$</b>	<b>Total:</b>	<b>\$</b>

Return your completed application in person or mail to:

Whatcom Family YMCA  
1256 North State Street  
Bellingham, WA 98225

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA of changes within 30 days, I may be terminated from the scholarship program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only			
Application received on	Application reviewed on		Staff Initials
Current membership expiration	Application	approved      denied	Total Amount      \$
Notification sent on	By	letter      phone      email	
Applicant needs to pay \$	Is this a re-application?	yes      no	
Staff comments			