



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Child Care & Camp Open Doors Application

(Select membership/program to be considered)

**CONFIDENTIAL**

## Person Requesting Scholarship:

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

## Please list everyone in the household (excluding children requesting scholarship for)

Name	Age	Name	Age
Name	Age	Name	Age

## Please list all children you are asking a scholarship for:

Child's Name	Birthdate	Child's Name	Birthdate
Child's Name	Birthdate	Child's Name	Birthdate

## Please indicate which program and schedule you are asking a scholarship for:

### Early Learning

<b>Barkley Center</b>	Name of Child	Schedule
	Name of Child	Schedule

<b>Downtown Center</b>	Name of Child	Schedule
	Name of Child	Schedule

### School Age

<b>Before/After School</b>	Name of Child	Schedule
	Name of Child	Schedule

<b>Adventure Club</b>	Name of Child	Schedule
	Name of Child	Schedule

### Camps/School's Out Days

<b>Adventure Camp</b> Summer/Winter/Spring & Days	Name of Child	Schedule
	Name of Child	Schedule

<b>Y's Kids Enrichment</b> Summer/Winter/Spring & Days	Name of Child	Schedule
	Name of Child	Schedule

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

Monthly Household Income	Monthly Household Expenses
Adult #1 gross monthly income: \$	Rent / Mortgage / Taxes: \$
Adult #2 gross monthly income: \$	Transportation: \$
Social Security / Disability: \$	Utilities (water, gas, electric, garbage): \$
Child Support: \$	Phone: \$
TANF: \$	Food: \$
Food Stamps: \$	Child Care: \$
Unemployment: \$	Medical: \$
Other: \$	Other (please list): \$
<b>Total: \$</b>	<b>Total: \$</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
Notification sent on	By	letter	phone
Applicant needs to pay \$	Is this a re-application?	yes	no
Staff comments			