



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



FOR YOUTH DEVELOPMENT \circ FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Open Doors Application (Select membership/program to be considered)

CONFIDENTIAL

Membership:		rogram:			
☐ Youth		☐ Youth Sports		ial Arts	
☐ Adult	☐ Adult		Run Adult Fitne		
☐ Family		Swimming Futsal			
☐ Single Parent Family		\square Climbing Programs	'Dance		
Couple		Overnight Adventure Teens			
Senior		List Specific program and session dates:			
Senior Couple					
Drimany Mambar or Dragram Da	uticinant				
Primary Member or Program Pa	M.I.	Last Name		Birthdate	
That Name	141.1.	Last Name	M / F	Dirtildate	
Address	Apt.	City/State		Zip	
Phone Number	l l	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		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 assistant	:e?				
Are there extenuating circumstances tha	t we should	know about when reviewing your	application?		
What amount of the membership/program	n fee can yo	u pay per month or session?	\$		
Are you reapplying to continue scholarsh	ip assistanc	e? 🗌 Yes 🗌 No			
If needed, what type of volunteer service	s could you	provide the Whatcom Family YM	CA?		
Employment Information (If appl	ying for you	th membersh <u>ip</u> we ar <u>e requestino</u>	g parent/guardian infor	mation)	
Employer	, - ,	Position		F.T. or P.T.	
Length of Employment		Work Phone Gross Monthly		Income	
Spouse's Employment Informat	tion				
Spouse's Employer		Position	F.T. or P.T.		
ength of Employment		Work Phone Gross Monthly		Income	
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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.

Income / Expense Worksheet If applying for a youth membership this information pertains to the parent/guardian						
Monthly Income		Monthly Expenses				
Your net monthly incom	e: \$	Rent / Mortgage / Taxes: \$				
Spouse's net monthly in	come: \$	Transportation: \$				
Social Security / Disabili	ty: \$	Utilities: \$				
Child Support:	\$	Phone: \$				
TANF:	\$	Food: \$				
Food Stamps:	\$	Child Care: \$				
Unemployment:	\$	Medical: \$				
Other:	\$	Other: \$				
То	tal: \$	Total: \$				

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 re	Application reviewed on					
Current membership expiration	Application	approved	denied	Total Amount	\$		
Notification sent on	Ву	letter	phone	email			
Applicant needs to pay \$	Is this a re-ap	Is this a re-application?		no			
Staff comments	•						

Staff comments