



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALWAYS WELCOME AT THE Y

Open Doors Financial Assistance Application

PRIMARY ADULT (please print legibly)

First & Last Name _____ Date of Birth _____ Phone _____

Address (include apt # if applicable)

City _____ State _____ Zip _____

Email _____

SECOND ADULT (living in same household)

First & Last Name _____ Date of Birth _____ Phone _____

DEPENDENTS/ADDITIONAL MEMBERS (living in same household)

First & Last Name _____	DOB _____	First & Last Name _____	DOB _____
First & Last Name _____	DOB _____	First & Last Name _____	DOB _____
First & Last Name _____	DOB _____	First & Last Name _____	DOB _____

WHAT TYPE OF MEMBERSHIP ARE YOU APPLYING FOR?

Individual Family

The maximum amount that I can pay per month is \$ _____ (required).

WHAT TYPE OF PROGRAMS ARE YOU APPLYING FOR? (If applying for membership only, this section is not required.)

AFTER SCHOOL CARE
Participant Name(s)

SUMMER DAY CAMP
Participant Name(s)

OTHER PROGRAMS
Participant Name(s)/Program Name(s)

YOUTH SPORTS
Participant Name(s)/Sport Name(s)

SWIMLESSONS
Participant Name(s)

HOUSEHOLD INCOME

All personal information will be kept confidential and secure.

Adjusted Gross Income

(Form 1040, line 37)

Please supply a copy of your two most recent pay stubs, tax return, any documentation of government aid (food stamps, Medicaid, etc), and a current utility bill.

ADDITIONAL INFORMATION

1. Why do you need financial assistance for YMCA membership or programs?

SUPPORTING THE Y

Financial assistance is made possible through the generosity of donors and members. Are you willing to share your YMCA story to help support the Y's fundraising campaign? (circle one) Yes No

Are you willing to volunteer? (circle one) Yes (In what area(s) would you be interested in volunteering? _____) No

CERTIFICATION OF INFORMATION

I certify that the information listed on this form is correct to the best of my knowledge. I understand that the YMCA of the Upper Pee Dee is a nonprofit organization and that financial assistance is made possible through the generosity of donors and members. I understand that financial assistance will be awarded on a first-come, first-served basis. I agree to notify the Y if my financial situation improves, so that my financial assistance can be re-evaluated, thus providing more opportunities for others in our community. I understand that to maintain my financial assistance, the YMCA may, upon request, require updated financial information. I will be afforded at least 30 days to provide information when requested. Failure to do so may lead to the revocation of my financial assistance or termination of membership.

Please note that your approval rate is pending verification from our management team.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Date _____ Unit ID _____ Household Adjusted Gross Income \$ _____

Membership Type:

Individual

Family

Full rate for Membership type requested \$ _____