



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 _____ Are you age 65 or over? Yes No Active Duty Military Yes No

SECOND ADULT (living in same household)

First & Last Name _____ Date of Birth _____ Phone _____

THIRD 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 Senior Family Single Parent Family Couple

Do you qualify for a military discount? (active duty, veteran, retired) Yes No

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.)

CHILD CARE
Participants Name(s)

AFTER SCHOOL
Participants Name(s)

SUMMER CAMP
Participants Name(s)

YOUTH SPORTS
Participants Name(s)

SWIM
Participants Name(s)

OTHER PROGRAMS
Participants Name(s)

HOUSEHOLD INCOME

All personal information will be kept confidential and secure. Please provide the following pieces of information:

- 1.) Copy of your Driver’s License and 2.)a letter explaining your situation and reason for application

Please provide one of the following pieces of information:

- 1.) Most recent tax return 2.) paycheck stub 3.) Copy of EBT/SNAP application showing income

ADDITIONAL INFORMATION

If applying for assistance for childcare or day camp, are you working or studying at least 20 hours per week?

Yes No

Name of school/employer_____

Supervisor/contact details_____

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? Yes 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 Greater Charleston is a non-profit 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-serve 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_____ Household adjusted gross income \$_____

Membership type:_____ Full rate for membership type requested \$_____

Qualified rate per income chart \$_____ Approved discount percentage_____

Processor Name_____ Signature_____ Date_____

Executive Director/CEO Signature_____ Date_____

Executive Director/CEO signature is required for all rates awarded above 40%.