



**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

#### **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 \_\_\_\_\_

#### **DEPENDANTS/ADDITIONAL MEMBERS** (living in same household)

First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### **WHAT TYPE OF MEMBERSHIP ARE YOU APPLYING FOR?**

Individual     Family     Senior Family     Single Parent Family     Other \_\_\_\_\_

**The maximum amount that I can pay per month is \$ \_\_\_\_\_ (required)**

YMCA of Greater Charleston  
Cane Bay Family YMCA  
1655 Cane Bay Blvd., Summerville, SC 29486  
(843) 719-9622 | ymcagc.org

**WHAT TYPE OF PROGRAMS ARE YOU APPLYING FOR?**

(if applying for membership only, this section is not required to answer)

**Y Early Learning** (age 3 & 4)

Participants Name(s) \_\_\_\_\_

**Afterschool Program** (ages 5-12)

Participants Name(s) \_\_\_\_\_

**Summer Camp, any other camp programs** (ages 5-15)

Participants Name(s) \_\_\_\_\_

**Youth Sports** (ages 4-15 depending on the sports)

Participants Name(s) \_\_\_\_\_

**Swim Lesson** (age 6mo+)

Participants Name(s) \_\_\_\_\_

**Other Programs** Program Name: \_\_\_\_\_

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 two of the following pieces of information:

- 1. Most recent tax return 2. Two of the most recent paycheck stubs OR**

**\* Award (SSI) Letter (\*\* Only document needed\*\*)**

**ADDITIONAL INFORMATION**

If applying for assistance for childcare or day camp, are you working or studying at least 20 hours per week?  **Yes**  **No**

**\*\*Application valid for 1 year only ( \_\_\_\_\_ ) Initial here.**

**SUPPORTING THE Y**

Financial assistance is made possible through the generosity of donors and members. Are you willing to share your YMCA story to the help support the YMCA’s fundraising campaigns?  **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 requests requires 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 \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
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 _____