

Today's Date _____

YMCA LOCATION: _____ Bear-Glasgow _____ Brandywine _____ Central Delaware
_____ Downtown _____ Sussex _____ Walnut (program only)
_____ Western

Applicant _____ New Applicant _____ Renewal Applicant

Current YMCA Member _____ Yes _____ No

Applying for: _____ Membership _____ Day Camp _____ Before & After School
(check all that apply) _____ Preschool _____ Other Programs

Membership category applying for:

Full Membership: A full member has use of all facilities and programs*.

(Select one) _____ Youth (14-18) _____ College Student _____ Family
_____ Senior (65+) _____ Adult (19-64)
_____ Single Parent Family _____ Senior Family (65+)

Program Membership: A program membership is for participation in programs only.

(Select one) _____ Youth (0-18) _____ Adult (19+) _____ Family

* Some programs have additional fees not covered under the Open Doors program.

Office use only:	Staff Receiving _____
	Date _____
_____ Tax Return _____ Year	_____ Household Income \$ _____
_____ Retirement/Pension	_____ Child Support
_____ Unemployment	_____ (2) Pay stubs
_____ State Assistance	_____ SSI or Disability
Membership % _____	Member # _____
Program % _____	Joiner Fee _____
Childcare/Camp % _____	

BEAR-GLASGOW FAMILY YMCA 351 George Williams Way, Newark, DE 19702, 302-836-YMCA
BRANDYWINE YMCA 3 Mount Lebanon Road, Wilmington, DE 19803, 302-478-YMCA
CENTRAL YMCA 501 West Eleventh Street, Wilmington, DE 19801, 302-254-YMCA
CENTRAL DELAWARE YMCA 1137 South State Street, Dover, DE 19901, 302-346-YMCA
SUSSEX FAMILY YMCA 20080 Church Street, Rehoboth Beach, DE 19971, 302-296-YMCA
WESTERN FAMILY YMCA 2600 Kirkwood Highway, Newark, Delaware 19711, 302-709-YMCA
YMCA CAMP TOCKWOGH 24370 Still Pond Neck Road, Worton, MD 21678, 800-331-CAMP

For more information about financial assistance at the Walnut Street YMCA, please call 302-472-YMCA.



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

NAME:

OPEN DOORS

FINANCIAL ASSISTANCE

**The Y works to make
sure that everyone
has the opportunity
to learn, grow & thrive.**

www.ymcade.org



STRENGTHENING FAMILIES

The YMCA of Delaware recognizes that many of the children and families throughout Delaware who could most benefit from Y programs and services cannot afford to participate. The YMCA's commitment to our communities assures that financial assistance is available to those who qualify. This assistance is given on a first-come, first-served basis and is determined by a confidential application process requiring proof of financial need.



Donations made to our Strong Kids Campaign provide scholarships for individuals and families who want and need YMCA programs but cannot afford them. The YMCA provides needed opportunity in programs such as day camp, child care, youth sports, water safety, and before/afterschool care. Contributions come from YMCA members, staff, board members, community members and local businesses. Donors fund our Open Doors Financial Assistance program. The funds available are determined by the amount raised in our community each year.

"We may not be rich, but we're not exactly poor either. So every little bit here and there helps. It's nice to know that the YMCA will work with everyone regardless of their financial situation."

– A very appreciative single mom

OPEN DOORS APPLICATION

The YMCA of Delaware is a not-for-profit health and human services organization committed to helping people grow in spirit, mind, and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The Y is community-based, and we try to make programs and services available to everyone. That is why we offer the OPEN DOORS program, which is designed to fit each individual's financial situation using a sliding fee scale.

The YMCA of Delaware requests that individuals complete and submit the attached form about income and family size so we can provide financial assistance in a fair and consistent manner. The YMCA also requires individuals to re-apply annually, or when requested, to keep the information updated. The ability to respond to requests for assistance is dependent upon the success of our fund raising projects and current operating finances. Financial assistance rarely covers 100% of the total membership or program fee.

Your fees are subject to increase when you re-apply. If you do not re-apply when requested, your enrollment may end.

To process your application, we will need the following information for all adults in the household to verify household income (as applies). Please submit copies of these documents:

- Last year's tax return
- Last two pay stubs
- Social security or disability checks (or bank statement showing amount of automatic monthly deposit).
- Retirement/pension income
- Child support
- State assistance, including food stamps
- Unemployment checks

NOTE: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040). If you did not file taxes last year, or you don't have the other documents required, please submit a letter explaining your personal situation. You may be contacted by a business office staff member.

Please allow 10-business days to process your application. Once processed, agreement letter outlining your financial assistance plan will be mailed/emailed to you. To begin your new membership, please bring in the agreement letter with you to our member service desk.

YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. Members are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families and strong communities.

APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY. (All information will be strictly confidential.)

PERSONAL INFORMATION

If you need assistance in completing this application, please ask for help at the Member Service Desk.

Name _____ Home Phone _____

Cell Phone _____ Email _____

Address _____ Apt. # _____

City _____ State _____ ZIP _____ Date of Birth _____

Are you a full-time student? _____ Yes _____ No _____ If yes, where? _____

Are you married? _____ Yes _____ No _____ Total number in household _____ Is spouse a full-time student? _____

List names (last names, too, if different from applicant), requested program/class, and ages of all persons in the household.
Your household includes dependents you claim on your federal income tax return.

1) _____ Program/Class _____ Age _____ Date of Birth _____

2) _____ Program/Class _____ Age _____ Date of Birth _____

3) _____ Program/Class _____ Age _____ Date of Birth _____

4) _____ Program/Class _____ Age _____ Date of Birth _____

5) _____ Program/Class _____ Age _____ Date of Birth _____

6) _____ Program/Class _____ Age _____ Date of Birth _____

7) _____ Program/Class _____ Age _____ Date of Birth _____

8) _____ Program/Class _____ Age _____ Date of Birth _____

INCOME WORKSHEET

Employer _____ Work Phone _____

Position _____ Length of employment _____ Part-time _____ Full-time _____

2nd Employer _____ Work Phone _____

Position _____ Length of employment _____ Part-time _____ Full-time _____

Gross Monthly Income (before taxes) _____

Other Adult's Employer _____ Work Phone _____

Position _____ Length of employment _____ Part-time _____ Full-time _____

Gross Monthly Income (before taxes) _____

Income:

We will need the following information for all adults in the household to verify household income (as applies):

- \$ _____ 1) Your Gross Monthly Income
- \$ _____ 2) Other Adult's Gross Monthly Income
- \$ _____ 3) Child Support
- \$ _____ 4) Social Security/Disability
- \$ _____ 5) Unemployment
- \$ _____ 6) State Assistance
- \$ _____ 7) Pension/Retirement
- \$ _____ 8) Alimony
- \$ _____ 9) Other (please explain) _____

\$ _____ TOTAL MONTHLY INCOME

\$ _____ TOTAL ANNUAL INCOME (HOUSEHOLD)

Reason for applying for the OPEN DOORS program?

I verify that all the information provided is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days or my benefits from the OPEN DOORS program may end.

Signature of Applicant

Date