



ENSURING A BRIGHTER FUTURE

OPEN DOORS FINANCIAL ASSISTANCE

At the Y, we believe lasting personal and social change can only come about when we all work together to invest in our kids, our health and our neighbors.

YMCA Financial Assistance is made possible through generous donations from individuals and foundations opening a world of YMCA programs and activities for you and your family including: membership, youth sports, teen programs, youth programs, parent/child programs, childcare, camps and more. Help us help others by supporting the Channel Islands YMCA Campaign for Youth and Families.

Please return the application to your local YMCA:

CAMARILLO FAMILY YMCA, 3111 Village at the Park Drive
Camarillo CA 93012, 805.484.0423

LOMPOC FAMILY YMCA, 201 West College Avenue
Lompoc CA 93436, 805.736.3483

MONTECITO FAMILY YMCA, 591 Santa Rosa Lane
Montecito, CA 93108, 805.969.3288

SANTA BARBARA FAMILY YMCA, 36 Hitchcock Way
Santa Barbara, CA 93105, 805.687.7727

STUART C. GILDRED FAMILY YMCA,
900 North Refugio Road
Santa Ynez, CA 93460, 805.686.2037

VENTURA FAMILY YMCA, 3760 Telegraph Road
Ventura, CA 93003, 805.642.2131



WE ARE HERE FOR YOU

STRENGTHENING COMMUNITY IS OUR CAUSE



Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive. At the Y, no child, family or adult is turned away. We recognize that for communities to succeed, everyone must be given the opportunity to be healthy, confident, connected and secure.

CHANNEL ISLANDS YMCA
serving Santa Barbara and Ventura counties

55 Hitchcock Way, Suite 101, Santa Barbara CA 93105
805.569.1103 ciymca.org



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OPEN DOORS

FINANCIAL ASSISTANCE APPLICATION



FREQUENTLY ASKED QUESTIONS

What is Open Doors Financial Assistance

Channel Islands YMCA programs and services are available to everyone regardless of ability to pay. Open Doors Financial Assistance is a sliding fee scale program that is designed to meet each individual's financial needs.

How will the Financial Assistance amount be determined?

Financial Assistance will be determined by the number of individuals residing in your household, the combined gross income of individuals living in your household, the YMCA sliding fee scale and the availability of YMCA funds.

How quickly can I expect to receive Financial Assistance?

Membership Assistance applications can take up to 30 days to process once all paperwork is received. After we have received your application, you may gain access to the facility the same day with a one-month Starter Membership. The Starter Membership is \$25 for a single adult and \$5 for each additional family member.

How long will the Financial Assistance continue?

Membership Financial Assistance is renewed annually, Program Financial Assistance is reviewed prior to each program in which you participate. Updated documents may be required at any time.

How is confidential information handled?

All records and materials are kept confidential.

How do I apply?

1. Complete the application form in this brochure.
2. Provide a copy of one or more of the following documents for all individuals contributing to your household income.:
 - Previous year's federal tax return
 - Unemployment, social security or disability check
 - Last two months pay stub
 - Lay off notice from employer
3. A YMCA staff member will contact you to inform you of the amount of assistance awarded.

Please note that incomplete applications, or applications submitted without proper supporting documentation, cannot be reviewed. All records are kept confidential.

PLEASE COMPLETE THIS FORM AND RETURN IT TO YOUR BRANCH (ADDRESS ON BACK)

name _____ birthday _____ today's date _____

address _____ city _____ zip _____

phone (eve) _____ (day) _____ email _____

occupation and employer name* _____ phone _____

spouse name _____

occupation and employer name* _____

*if currently unemployed, please explain _____ phone _____

names of dependants applying for assistance:

first name _____ last name _____ birthday _____

first name _____ last name _____ birthday _____

first name _____ last name _____ birthday _____

YMCA branch Camarillo Lompoc Montecito Santa Barbara Stuart C. Gildred Ventura

total monthly income from all sources _____

how much can you afford to pay _____

which program would you like to apply for _____

in a paragraph or more, please complete the following: By participating in _____ (Y program name)

my family or I would benefit by _____

are there other factors we should take into account in evaluating your financial assistance (attach additional information)

reference information:

name _____ phone _____

address _____

signature of applicant _____

I would be interested in volunteering yes no may we contact you for help yes no

interests _____

OFFICE USE ONLY new applicant _____ renewal _____ current member _____ staff signature _____

financial assistance granted yes _____ no _____ amount of assistance _____ date _____