



Date Rec'd _____
Rec'd By _____

James Family Prescott YMCA Child Care Scholarship Application

Select one or both sessions

___ June 1, 2017 – July 31, 2017

___ August 1, 2017 – May 31, 2018

Funds for financial assistance have been made available through the generous contributions of YMCA friends. Please fill out the following information and attach the necessary documents (photocopies only) and return to the James Family Prescott YMCA. Please print all information. Your child will not be considered registered until your approved payment is made accompanied by the appropriate registration form (do not attach registration form to this application). A \$30 Annual Registration Fee is required and not eligible for Scholarship consideration. **Applications will be processed only after all information is submitted and application is filled out completely.** Please print legibly.

Name (Head of Household) _____ Phone(s) _____

Address _____ Work Phone _____

City _____ State _____ Zip Code _____ Birthdate _____

Email Address _____

Place of Employment _____ Position _____

Length of Employment _____ Full Time Part Time

<u>Adults / Children Living in Home</u>	<u>Relationship</u>	<u>School/Employer</u>	<u>Birthdate</u>	<u>Age / Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever applied for scholarship assistance at the James Family Prescott YMCA? YES NO

Would you be willing to share how your scholarship has made a difference in your life? Yes No

Why are you applying for scholarship assistance? _____

Child _____ Program? _____ Program Cost? _____ Amount you can pay? _____

Child _____ Program? _____ Program Cost? _____ Amount you can pay? _____

Child _____ Program? _____ Program Cost? _____ Amount you can pay? _____

OVER

