



Date Rec'd \_\_\_\_\_  
Rec'd By \_\_\_\_\_

# James Family Prescott YMCA Child Care Scholarship Application

**Select one or both sessions**

\_\_\_ June 1, 2018 – July 31, 2018

\_\_\_ August 1, 2018 – May 31, 2019

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

Adults / Children Living in Home    Relationship    School/Employer    Birthdate    Age / Grade

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

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OVER

Are you currently receiving DES Childcare Subsidies? \_\_\_ Yes \_\_\_ No  
 Have you applied for DES Child Care Subsidies for summer? \_\_\_ Yes \_\_\_ No  
 Are you on the wait list for DES / Child Care Subsidies? \_\_\_ Yes \_\_\_ No

**Income and expenses should be declared for all those occupants who contribute to or are dependent upon your household. Attach copies for all income and supply a copy of your monthly bank statement for your expenses and copies of all expenses not paid through your bank account. All financial information will remain confidential and will be shredded once your application has been processed.**

**Gross Monthly Household Income**

Wages, Salaries, and tips (1<sup>st</sup> adult) \$ \_\_\_\_\_  
 Wages, Salaries, and tips (2<sup>nd</sup> adult) \$ \_\_\_\_\_  
 Wages, Salaries, and tips (3<sup>rd</sup> adult) \$ \_\_\_\_\_  
 Unemployment compensation(1<sup>st</sup>) \$ \_\_\_\_\_  
 Unemployment compensation (2<sup>nd</sup>) \$ \_\_\_\_\_  
 Social Security compensation \$ \_\_\_\_\_  
 Disability Compensation \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Aid to dependent Children \$ \_\_\_\_\_  
 Food Stamps \$ \_\_\_\_\_  
 401k/retirement funds \$ \_\_\_\_\_  
 Alimony \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**Total Monthly Income** \$ \_\_\_\_\_  
**Total Annual Income** \$ \_\_\_\_\_

**Monthly Household Expenses**

Rent/Mortgage (circle) \$ \_\_\_\_\_  
 Car Payment \$ \_\_\_\_\_  
 Car Insurance \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Alimony \$ \_\_\_\_\_  
 Phone/Cable \$ \_\_\_\_\_  
 Cell Phone \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Food \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Medical \$ \_\_\_\_\_  
 Childcare \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**Total Expenses** \$ \_\_\_\_\_

I verify that all of the information submitted is correct and accurate.  
 I understand that scholarships have an expiration date and that **I must reapply** to continue receiving financial assistance.  
 I understand that it may take up to 2 weeks to process a fully completed application.  
*I understand that an incomplete application will delay the process.*  
 I understand that the YMCA's financial assistance has been made through generous contributions of YMCA members, staff, supporters and friends.  
 If any situation changes, I agree to notify the YMCA within 30 days.  
 If I submit false or inaccurate information my scholarship may be terminated.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**\*\*\*\*\*YMCA OFFICE USE ONLY\*\*\*\*\***

Application Reviewed By \_\_\_\_\_ Date Reviewed \_\_\_\_\_

|             |                          |                         |
|-------------|--------------------------|-------------------------|
| Child _____ | Scholarship Amount _____ | Parent Obligation _____ |
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| Child _____ | Scholarship Amount _____ | Parent Obligation _____ |

Expiration Date \_\_\_\_\_ Notified by \_\_\_\_\_ Date \_\_\_\_\_