

Date Rec'd	
Rec'd By	

James Family Prescott YMCA Child Care Scholarship Application

Select one or both sessions	
June 1, 2019 – July 31, 2019(summer)	August 1, 2019 – May 31, 2020(School Year)

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					
CityState	Zip Code	Birthdate		-		
Email Address						
Place of Employment	Pc	sition				
Length of Employment		☐ Full Time	□ Part	Time		
Adults / Children Living in Home	Relationship	School/Employ	<u>'er</u>	<u>Birthdate</u>	<u>Aqe</u>	/ Grade
Have you ever applied for schola	rship assistance	at the James Fam	ily Presco	tt YMCA?□ \	/ES	□ N0
Would you be willing to share how your scholarship has made a difference in your life? ☐ Yes ☐ No						
Why are you applying for scholar	ship assistance?					
Child Program?						
Child Program? Child Program?		n Cost? Am n Cost? Am				

Are you currently receiving D Have you applied for DES Chi Are you on the wait list for D	ild Care Subsidies for summer?	YesNo YesNo YesNo	
upon your household. Atta your expenses and copies	ald be declared for all those of all copies for all income and of all expenses not paid thrown will be shredded once your	supply a copy of you ough your bank accou	r monthly bank statement for nt. All financial information
Gross Monthly Househ	old Income	Monthly Househo	old Expenses
Wages, Salaries, and tips (Rent/Mortgage (circ	
Wages, Salaries, and tips (Car Payment	\$
Wages, Salaries, and tips (Car Insurance	\$ \$
Unemployment compensati		Utilities	\$ \$
Unemployment compensati		Alimony	\$ \$
Social Security compensati		Phone/Cable	↓ ¢
Disability Compensation	\$	Cell Phone	↓ ¢
Child Support	\$ \$	Clothing	↓ ¢
Aid to dependent Children	4 _	Food	\$ \$
Food Stamps	4	Child Support	- 7 ¢
401k/retirement funds	\$ \$	Medical	\$ \$
Alimony	\$ \$	Childcare	↓ \$
Other		Other	* ⊄
Other	\$	Other	₽
	\$ #	Total Funances	¢
Total Monthly Income	\$	Total Expenses	>
Total Annual Income	\$		
I understand that scholars financial assistance. I understand that it may tall understand that an incomod understand that the YMC YMCA members, staff, sup If any situation changes, I	rmation submitted is correct hips have an expiration date ake up to 2 weeks to process applete application will delay at A's financial assistance has porters and friends. agree to notify the YMCA will ate information my scholars!	and that I must reap s a fully completed ap the process. been made through ge thin 30 days.	plication. enerous contributions of
Signature of Applica	ant Date		
***	********YMCA OFFICE	USE ONLY*****	*****
Application Reviewed By	Date Revie	wed	
Child	Cabalanabia Ass	Daniel Oblini	
Child	Scholarship Amount		
Child	Scholarship Amount		
Child	Scholarship Amount	Parent Obligation	
Expiration Date	Notified by	Date	