



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

## YMCA of Greater Springfield Child Care Scholarship Application

**YMCA MISSION:** To serve human needs in Greater Springfield by providing programs that promotes lifelong personal growth and the balance development of spirit, and body for all.

In keeping with our mission, the YMCA offers financial assistance for Child Care and Camp programs. Any family not eligible for a state subsidy (for child care) is eligible to apply for a YMCA scholarship. The process to apply for assistance is fairly simple. Please complete both sides of this application.

<b>Parent/ Guardian</b>	Parent / Guardian (1) _____ DOB _____
	Street _____ City/State _____ Zip _____
<b>Guardian</b>	Tel# _____ Cell Phone# _____
	Employer/School _____ Tel# _____
<b>Info</b>	Parent / Guardian (2) _____ DOB _____
	Street _____ City/State _____ Zip _____
	Tel# _____ Cell Phone# _____
	Employer/School _____ Tel# _____
	How did you hear about the YMCA? Friend (name) _____
	Advertising: TV _____ Radio _____ Print _____ Other _____

<b>Child Info</b>	Name _____ DOB _____ Age _____
	Name _____ DOB _____ Age _____

Please list all people living in your household, whether related or not:

Name	School/Employer	Date of Birth
1.		
2.		
3.		
4.		
5.		

<b>Voluntary Survey</b>	This Race/Ethnic group data is for analysis and periodic reports for funding agencies. Check one of the following:
	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native

**IMPORTANT:** To complete your application you must attach a copy of your most recent filed **Federal Income Tax Form (1040)** and copies of **pay stubs** for the most recent month's earnings. If you are receiving TAFDC, unemployment, and/or Social Security/SSI, you must attach a copy of your **Grant Notification Form(s)**. For child support or alimony, an **Award Statement or last four payments must be attached.**

**Please list your monthly, *HOUSEHOLD* income:**

Gross wages, salary and tips _____	Please detail any special circumstances which we should know in order to make an informed decision on your application: _____
Unemployment Compensation _____	
Social Security/SSI _____	
Child Support _____	
TAFDC _____	
Retirement Income _____	
1040 (1 <sup>st</sup> two pages) or 1040A _____ (or Verification of Non-Filing Status Letter)	
Other Monthly Income/Assistance _____	

**Note: If needed, you may be asked to bring in more information to complete the process of your Scholarship Application.**  
I attest that all of the information provided is true:

Signature \_\_\_\_\_ Date \_\_\_\_\_ E-mail address \_\_\_\_\_

**School Your Child is attending** \_\_\_\_\_

Program I am requesting a scholarship for:

**Before School Site** \_\_\_\_\_ **After School Site** \_\_\_\_\_ **Dunbar Community Ctr** \_\_\_\_\_

**Early Childhood (Pre-School & Nursery)**

**Magic Years** \_\_\_\_\_ **Scantic Valley Child Development Center** \_\_\_\_\_

Infant/Toddler \_\_\_\_\_ Full time\_\_\_ Part time 2 days\_\_\_ Part time 3 days\_\_\_

Pre-School \_\_\_\_\_ Full time\_\_\_ Part time 2 days\_\_\_ Part time 3 days\_\_\_

**Summer Camp: Sessions (maximum 4 weeks per child)**

Camp Weber I II III IV IV.5 Have you ever applied for financial assistance at the YMCA before? \_\_\_\_\_

Camp Fun City I II III IV IV.5 If yes, how long ago? \_\_\_\_\_

Stony Brook Acres Summer Program I II III IV V VI VII VIII Fun Week

Office use only:

Gross yearly income: \$ \_\_\_\_\_ Family size: \_\_\_\_\_ Full Fee \$ \_\_\_\_\_ % Discount \_\_\_\_\_ %

Camp fee/session: \$ \_\_\_\_\_ Approved for how many sessions \_\_\_\_\_

After School Fee \$ \_\_\_\_\_ Vacation Week (s) Fee \$ \_\_\_\_\_ Before School Fee \$ \_\_\_\_\_

Magic Years Fee \$ \_\_\_\_\_ Fee Start date \_\_\_\_\_ Fee End Date \_\_\_\_\_

Date Confirmation letter mailed \_\_\_\_\_ Staff signature \_\_\_\_\_