



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 promote lifelong personal growth and the balanced development of mind, body, and spirit for all.

In keeping with our mission, the YMCA offers financial assistance for Childcare and Camp programs. Any family not eligible for a state subsidy (for childcare) is eligible to apply for a YMCA scholarship. Please complete both sides of this application, including your signature and e-mail address. Thank you!

Parent/ Guardian	Parent / Guardian (1) _____ DOB _____
	Street _____ City/State _____ Zip _____
	Mailing Address (if different from above) _____
Guardian	Home Phone# _____ Cell Phone# _____
	Employer/School _____ Work# _____ Ext _____
Info	Parent / Guardian (2) _____ DOB _____
	Street _____ City/State _____ Zip _____
	Home Phone# _____ Cell Phone# _____
	Employer/School _____ Work# _____ Ext _____
	How did you hear about the YMCA? _____

Child Info	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.		

Voluntary Survey	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 st two pages) or 1040A (or Verification of Non-Filing Status Letter) _____	
Other Monthly Income/Assistance _____	

Note: If needed, you may be asked to provide additional information to complete the processing of your Scholarship Application. I attest that all the information provided is true:

Signature _____ Date _____ E-mail address _____

School Your Child is attending _____
Program I am requesting a scholarship for:

School Age Remote Support Program _____

Before School Site _____ **After School Site** _____

Early Childhood (Pre-School & Nursery)

Early Learning Center (Springfield) _____ **Early Learning Center (Wilbraham)** _____

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:

Camp Fun City _____ Stony Brook Acres _____ Camp Weber _____

Have you ever applied for financial assistance at the YMCA before? _____ How long ago? _____

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 \$ _____	
Early Learning Ctr Fee \$ _____	Fee Start date _____	Fee End Date _____	

Date Confirmation letter mailed _____ Staff signature _____