



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Partner of Youth Child Care Scholarship Application

## THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Altru Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

## EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Partner of Youth Scholarship Program, the Altru Family YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

## COMMITTED TO OUR COMMUNITY

Determining financial assistance for child care is handled by the applicable Child Care Program Director in a fair and consistent manner. YMCA members and program participants can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



- *Partner of Youth Scholarship reduces the child care fees; it does not eliminate them, unless there is a crisis situation pre-approved by the Director.*
- *Child Care Scholarship Applicants must re-apply every 4 months with current income verification. Applications are due by January 1, June 1 and September 1.*
- *Incomplete applications will not be eligible for assistance.*
- *Please contact the Y at 701 775-2586 or online at [www.gfymca.org](http://www.gfymca.org).*
- *All information provided is kept confidential.*



### 1. APPLICANT INFORMATION

Name:
Address:
City:
State:                      Zip Code:
Home Phone (    )
Cell Phone (    )
Email:
Employer:
Employer Phone: (    )

### 2. All Children In Need Of Assistance

Name:	DOB ___/___/___
Name:	DOB ___/___/___
Name:	DOB ___/___/___
Name:	DOB ___/___/___
Name:	DOB ___/___/___
Name:	DOB ___/___/___
Name:	DOB ___/___/___

### 3. I AM APPLYING FOR:

Check Program for which you are applying for:

PROGRAM

<input type="checkbox"/>	Infant (4wks – 12mos)
<input type="checkbox"/>	Toddler (1 – 3yrs)
<input type="checkbox"/>	Pre-School (3-5yrs)
<input type="checkbox"/>	After School (K – 5 grade)
<input type="checkbox"/>	Summer Fun Club (K – 5)

Have you applied for scholarship assistance before? \_\_\_Yes \_\_\_No

Agency or person that referred you?

How would this assistance help you and your family?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 4. To qualify for scholarships you must provide the following documents:

**Last year's federal tax forms and/or your latest 2 pay stubs.**

**Income Verification\* Required**

Family Employment Annual Income  
\$ \_\_\_\_\_

**Other Sources of Support**

Alimony	\$ _____per month
Child Support	\$ _____per month
Social Security	\$ _____per month
AFDC	\$ _____per month
Other	\$ _____per month

5. Are you currently eligible and/or have you applied for child care assistance from a social service agency? \_\_\_Yes \_\_\_No

If so, please attach the acceptance or denial letter from the agency, including the percentage of eligible reimbursement available to you.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary to send additional information and documentation to support the above statements. I understand that scholarship assistance is based on need and that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future

Signature of person completing this form: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### **Scholarship Assistance Policy**

Within the limits of available funding, the YMCA does not refuse membership or program services to any persons due to their proven inability to pay the cost of participation. Scholarship assistance is available through funding provided by the YMCA Partner of Youth Program and the United Way.

### \*\*\*\*\*Office Use Only\*\*\*\*\*

Approved \_\_\_Yes \_\_\_No \_\_\_Incomplete  
Program Applying: \_\_\_\_\_

1<sup>st</sup> Child:  
Reg Rate\$\_\_\_\_\_ Sch. Amt.\$\_\_\_\_\_

2<sup>nd</sup> Child:  
Reg Rate\$\_\_\_\_\_ Sch. Amt.\$\_\_\_\_\_

Approved By: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_

