

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 and United Way, 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.



- Scholarship Assistance reduces, but may or may not eliminate the child care fees; amount of assistance provided is dependent upon financial circumstances and/or crisis situation, as pre-approved by the Child Care 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 <u>www.gfymca.org</u>.
- All information provided is kept confidential.

1. APPLICANT INFORMATION

Zip Code:
)

3. I AM APPLYING FOR:

PROGRAM

Check Program for which you are applying for:

Infant (4wks – 12mos)

After School (K – 5 grade)

Summer Fun Club (K - 5)

Toddler (1 – 3yrs) Pre-School (3-5yrs)

Have you applied for scholarship

assistance before? Yes No

Agency or person that referred you?

How would this assistance help you

and your family?

2. All Children In Need Of Assistance

Name:	DOB//
Name:	DOB//

4. To qualify for scholarships you must provide the following documents: Last year's federal tax forms and/or your latest 2 pay stubs.

	Required
Family Employment A	Annual Income

Other Sources	or 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 ____/_

ApprovedYesNoIncomplete					
Program Applying:					
1 st Child:					
Reg Rate\$ Sch. Amt.\$					
2 nd Child:					
Reg Rate\$ Sch. Amt.\$					
Approved By:					
Expiration 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.



