



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

PARTNER OF YOUTH

Child Care Scholarship Application

Scholarship Assistance Made Possible By:



**United Way of Grand Forks
East Grand Forks & Area**

**Altru Family YMCA
215 North 7th Street
Grand Forks, ND 58203**

Scholarship Information and Application

Financial Assistance Policy

The Altru Family YMCA is a non-profit community service organization serving Grand Forks, East Grand Forks and the surrounding communities. Our mission is to promote Christian principles through programs that build healthy spirit, mind and body for all. The YMCA staff and volunteer leadership stand behind its mission to provide membership, programs and services to everyone in the community, regardless of their financial circumstances. Through the generous donations of individuals and businesses, the support of the YMCA Partner of Youth Scholarship Program and the United Way, we are able to provide scholarship assistance to make that possible. Scholarships are provided within the limits of available funding.

Level of Assistance

The level of assistance available to individuals and families is based upon a sliding fee scale that takes into consideration your gross household income and number of dependents. The YMCA believes in establishing a sense of ownership and pride in one's involvement in the YMCA. Therefore, applicants will always be asked to pay a portion of the membership, program or service fees. This fee must be paid prior to participation as a member or program services.

For our participants with a disability, if your participation requires the assistance of an escort, there will be no charge for the escort.

Eligibility Requirements

Since a limited amount of funds are available, priority will be given to those participants with the greatest need. The program is designed to aid those in a "crisis" or "high-risk" situation. Examples of such situations, include: a disability, medical referral, rehabilitation, single-parent household or special family arrangements and extremely low income.

The YMCA realizes that individuals and families may sometimes experience unexpected, temporary situations or hardships that affect one's ability to pay. If your tax return or paystub does not truly indicate your hardship, please include a letter stating your particular hardship.

How to Apply

Applicants must complete the attached application in full. We require that all applicants submit verification of their income with their completed application. Income verification must be current and includes: pay check stubs, unemployment check stubs, disability or social security statements, government and/or other assistance verification. All information provided during the application process will remain confidential.

**ALTRU FAMILY YMCA
CHILD CARE
SCHOLARSHIP APPLICATION**

If scholarship assistance is needed, this form is to be completed every 4 months.

Due Dates are as follows: January 1, June 1 and September 1.

All questions must be answered completely or it may result in denial of a scholarship request.

Date of Application: _____ Month verified income reflects: _____

Parent(s)/Guardian Name: _____

Address: _____

Phone: (Hme) _____ (Work) _____ (Cell) _____

E-Mail Address: _____ SSN: _____

Name and Date of Birth of Children in Need of Child Care Services:

_____ DOB _____

_____ DOB _____

_____ DOB _____

Which of the following best describes your need for scholarship assistance?

(Check all that apply)

_____ Denial of Child Care Assistance by a Social Service Agency

_____ Not income eligible for assistance, but need financial support

_____ Not receiving child support

_____ Attending school to become gainfully employed

_____ Actively seeking employment _____ High medical expenses

_____ Other: _____

How would a child care scholarship help or benefit your family? _____

Child Care Option Requesting: Half Day _____ Full Day _____ After School _____

PLEASE NOTE: The following financial information requested below is necessary for approval of scholarship assistance.

Please refer to the Parent Handbook for monthly child care rates, based upon your need for care noted above, then complete the equation below.

Monthly Rate **YMCA Scholarship Request** **Applicant Responsibility**

_____ = _____ + _____

****SEE REVERSE SIDE TO COMPLETE APPLICATION****

Family Monthly Income:*

- _____ \$0 - \$12,000
- _____ \$12,001 - \$20,000
- _____ \$20,001 - \$30,000
- _____ \$30,001 - \$40,000
- _____ \$40,001 - \$50,000

Other Sources of Support:

- _____ Alimony \$_____ per month
- _____ Child Support \$_____ per month
- _____ Social Security \$_____ per month
- _____ AFDC \$_____ per month
- _____ Assistance \$_____ per month

***Please attach supporting documentation to verify your income by attaching your most recent personal tax return or payroll information.**

**Have you applied for Child Care Assistance from a Social Service Agency?
_____yes** _____no **If so, please attach the denial or acceptance form from the agency, including the percentage of eligible reimbursement if accepted.**

Agency or person who referred you to the YMCA Scholarship Program? _____

Scholarship Assistance Policy

Within the limits of available funding, the YMCA does not refuse membership or program services to any person 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.



FOR OFFICE USE ONLY

Approved: _____ Denied: _____ Incomplete Application: _____

Type of Child Care Services approved: Half Day Full Day MASH SFC

Number of Children approved for child care: _____

Scholarship approved per month:

1st Child: \$ _____

2nd Child: \$ _____

3rd Child: \$ _____

Total monthly scholarship amount: \$ _____

Recommended by: _____ Expiration Date: _____