

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

FCFY SCHOLARSHIP PROGRAM APPLICATION FOR CHILDCARE This is how the Franklin County Family YMCA program works...

- You must have a denial letter from DSS to qualify for assistance through the Y.
- After completing this application and returning it with proof of all household income we will contact you, please note that this process could take up to 4-6 weeks.
- We are unable to process incomplete applications. All household income must be verified by attaching proof of wages, benefits you receive, and/or your current federal tax return.
- If awarded, you will be given a date the offer expires.
- We require applications to be reviewed for renewal before the start of a new program. This means,
  your scholarship will be reviewed in April (for summer camp) then in July (for the start of school in
  August) then again in December (for the second half of the school year.)
- A scholarship reduces childcare dues; it does not eliminate them.

PLEASE PRINT ALL INFORMATION  1 Application Information Are you new to FCFY or is this a Renewal? New Renewa				
Name:	Date of Birth:			
Address:	City/State:	_Zip:		
Phone:	Email:			

## (2) Household Information

Please list all individuals living in your household, including yourself. We consider <u>total household</u> <u>income</u> when reviewing applications for the FCFY Program. You should circle YES for "Does this person receive income?" for any individual who contributes wages, tips, or benefits to the household.

***************************************	Name	Date of Birth & Grade	Does this person receive income	
Applicant			YES NO	
Adult			YES NO	
Child/Dependent			YES NO	
Child/Dependent			YES NO	
Child/Dependent			YES NO	
Child/Dependent			YES NO	
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Child/Dependent			YES NO	

O Preschool (ages 2-5) O SAFE (before and after school  O Summer Camp (ages 5-13)  4 FINANCIAL INFORMATION This application will not be processed well that the gross amount (before taxes) you take the	ol childcare ages 5-13	<del></del>	SE SELECT AT	<u> </u>
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O I have attached all applicable financial info	mation and proof of inc	ome to this applica	etion.	
SIGNATURE				DATE