



FOR YOUTH DEVELOPMENT[®]
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Caring for Kids

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 Renewal*

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 **total household income** 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
Child/Dependent			YES	NO
Child/Dependent			YES	NO

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Franklincountyymca.org

③ I AM APPLYING FOR ASSISTANCE WITH CHILDCARE FOR...

Preschool (ages 2-5)

SAFE (before and after school childcare ages 5-13)

Summer Camp (ages 5-13)

PLEASE SELECT ATTENDANCE

3days

4day

5days

M

T

W

TH

F

④ FINANCIAL INFORMATION

This application will not be processed without listing and providing verification of all household income.

Write the gross amount (before taxes) you receive per month for each source. Check that verification is attached.

Income Source	Adult 1 Name:		Adult 2 Name:		Other Name:	
	Amount	Verification	Amount	Verification	Amount	Verification
Wages & Tips						
Unemployment						
Social Security/Disability						
Food Stamps/WIC						
Child/ Spousal Support						
Worker's Compensation						
Rental/Utility Assistance						
TOTAL EACH MONTH						

Do you receive "in-kind support" such as a family member or friend paying for expenses? If so, please explain.

⑤ How much can you afford to pay for you membership/program? _____

⑥ TELL US MORE....Tell us more about your situation and how the Y can help.

⑦ HONESTY AGREEMENT

I certify that the information included in this application is true and complete to the best of my knowledge, and that I do not have additional income not represented on this form. I agree to provide additional information to support this information, if requested. I understand my FCFY assistance is based on need. In the event that my situation changes, I will contact the YMCA immediately. I understand that if I falsify this information, I will not be eligible for assistance now and/or in the future.

I have attached all applicable financial information and proof of income to this application.

SIGNATURE

DATE

Staff Use ONLY

Received on ____/____/____ Staff Initials _____