



YMCA OF COLUMBIA-WILLAMETTE

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child Care Financial Assistance Application

APPLICANT INFORMATION				*PARENTS <u>MUST</u> REAPPLY AFTER EACH SESSION
SITE ATTENDING				
CHILD'S NAME	DATE OF BIRTH	SECOND CHILD'S NAME	DATE OF BIRTH	
THIRD CHILD'S NAME	DATE OF BIRTH	FOURTH CHILD'S NAME	DATE OF BIRTH	
ADDRESS		CITY	STATE	ZIP CODE
PARENT/APPLICANT #1		DATE OF BIRTH	PARENT/APPLICANT #2	
EMPLOYER		HOW LONG? __ YR __ MO	EMPLOYER	
EMPLOYER		HOW LONG? __ YR __ MO	EMPLOYER	
OCCUPATION	GROSS MONTHLY INCOME		OCCUPATION	GROSS MONTHLY INCOME
EMAIL ADDRESS		PHONE NUMBER		EMAIL ADDRESS
PHONE NUMBER		EMAIL ADDRESS		
PLEASE LIST ALL OTHER MEMBERS OF YOUR HOUSEHOLD				
NAME		AGE	NAME	
NAME		AGE	NAME	
PLEASE READ CAREFULLY TO PROCESS YOUR APPLICATION IN THE MOST EFFICIENT MANNER, YOU MUST INCLUDE ALL REQUIRED DOCUMENTS				
<p>1. Proof of Child Dependency one of the following: the 1st page of your current tax return showing your child(ren) as your dependent, a copy of current medical insurance cards for you and your child(ren), <u>or</u> a child custody agreement</p> <p>2. Income Verification all that apply: copies of your (and your spouse's or domestic partner's) two most recent pay stubs <u>and</u> copies of your (and your spouse's or your domestic partner's) college Financial Aid award letter and student schedule</p> <p>3. List the type of assistance you receive and amount:</p> <p style="margin-left: 40px;">Student Loans: \$ _____ /How much of Student Loan is Tuition Fees? \$ _____</p> <p style="margin-left: 40px;">SSI: \$ _____ Child Support: \$ _____ Rental Income: \$ _____</p> <p style="margin-left: 40px;">Food Stamps: \$ _____ Alimony: \$ _____ Other (Please describe): \$ _____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Are you receiving Third Party Assistance? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Third Party is _____</p> <p>Please eliminate social security numbers and bank information before submitting your application. Please enclose photocopies only. The YMCA cannot make copies for you. Original documents will not be returned. It is the responsibility of the applicant to be aware of their expiration date as noted in your acceptance letter. Please be aware that repeat Child Care Assistance grants may be subject to fee increases. It is up to the applicant to submit a new application by the deadline if you would like to be considered for continuance of assistance. If there are financial changes in your income, you <u>must</u> notify Association Services, YMCA. Please be aware you may be required upon request to provide a new application updating your records to qualify for financial assistance.</p>				
<p>I do hereby declare that the information provided is correct. I agree to provide additional documentation to verify need if requested. Further, I understand that my eligibility will be reviewed upon request of the YMCA. Failure to provide updated information will result in termination of financial assistance. It is also the policy of the YMCA that scholarship awards will be revoked if childcare payments are not made in a timely manner. Participants are subject to the rules and regulations of the YMCA Child Care Division.</p> <p>Signature _____ Date _____</p> <p style="text-align: center; font-size: small;">Your signature indicates that you have read and understand the policies and procedures of the YMCA scholarship program.</p>				



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YMCA MISSION STATEMENT

To put the Christian principles of love, respect, honesty, responsibility and service into practice through programs that build a healthy spirit, mind and body for all.

POLICY STATEMENT

It is the intention of the YMCA of Columbia-Willamette that no family or individual be denied of YMCA child care access due to economic limitations. Therefore, the YMCA provides a financial assistance program for those who request and prove they are in need of fee adjustments. The YMCA and its professional staff strive for fair and equitable distribution of available resources with the goal of treating similarly situated individuals and families equally. The program will be operated with strict confidence to maintain and strengthen the dignity of all applicants.

ELIGIBILITY

Assistance will be granted on the basis of financial need. Each applicant's eligibility will be reviewed at the end of each program or session. We reserve the right to re-evaluate at any time. The YMCA believes that a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their YMCA involvement. Therefore, all applicants will be required to pay a portion of the program fees.

HOW TO APPLY

Applications are available from any Customer Service Representative. Complete the application thoroughly and accurately and attach all required documents. **Return your completed application in person or by mail to: Association Services, 9500 SW Barbur Blvd., Suite 200, Portland, OR 97219-5425.** If the application is complete and all documents are included, the evaluation process will be completed within seven days. The process could take up to 30 days if all required information and documents are not included.

FUNDING

Funds are the result of the generosity of YMCA supporters and are awarded without regard to race, religion, sex, national origin or status.

SPECIAL CIRCUMSTANCES

If you feel there are special circumstances that may be a factor in this decision, please provide in writing your explanation along with supportive documentation.

NOTE: There will be UNDER NO CIRCUMSTANCES any scholarship monies awarded or applied for any months/sessions prior to the completion of the scholarship application by Association Services Office.

Send the original copy to:

YMCA of Columbia-Willamette
Association Services Office
9500 SW Barbur Blvd., Suite 200
Portland, OR 97219-5426
503.946.5003