EVERYONE IS WELCOME

Financial Assistance Application
SOUTH SOUND YMCA

the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OVERVIEW

The YMCA will provide financial assistance to anyone desiring to participate in Child Care programs, like Y Care or Seasonal Day Camps, based on established guidelines and to the extent that resources allow. We depend on donations and volunteers to support our services.

ELIGIBILITY

Anyone is eligible to apply for scholarship. Awards are made on the basis of demonstrated financial need based on our guidelines. Financial Assistance is granted for a defined time period, normally 3 to 12 months. Recipients must submit updated information and documentation for review and renewal at least four weeks prior to the financial assistance expiration date. Failure to respond to a renewal notice and complete a review by the expiration date will result in a restoration of standard Child Care rates. This application is only valid for Y Care and/or Seasonal Day Camp and does not apply to any Branch Programing or Facility Memberships.

YMCA CHILD CARE

South Sound YMCA
2102 Carriage St. SW Suite K
Olympia, WA 98502
P: 360-918-0400
E: childcare@ssymca.net

HOUSEHOLD MEMBERSHIP

A household is defined as any adult living together with dependent(s).

GUIDELINES AND EXPECTATIONS

1. The Scholarship Application must be completed in its entirety and submitted to either Child Care office with all required documentation. Multiple documents may be needed to find the total income for the household. Please bring all that pertain to your household to expedite the process.
   - ☐ Denial letter from DCYF/Working Connections Child Care Program indicating ineligibility
   - ☐ Two months of recent pay stubs for all household members from every employer (If unemployed, current unemployment benefits statement).
   - ☐ Two months of bank statements.
   - ☐ Child support verification, or proof of non-support. Could include bank statements or letter from parent.
   - ☐ LES-for Military personnel, including housing and food allowances.
   - ☐ If self-employed, current profit and loss or balance sheet.
   - ☐ SSA or SSI award letter.
   - ☐ Statement of monthly pension, annuity, and/or all other retirement income.
   - ☐ DSHS or TANF award letter detailing cash and food assistance including household income page (supplemented with other income or WorkSource letter).
   - ☐ For new hires: official letter from employer verifying monthly income.
   - ☐ Full-time student proof of enrollment and financial aid award letter.
   - ☐ Additional documents may be required.

2. Scholarship is awarded on a sliding scale. Household size and the income of all household members is taken into account. Extenuating circumstances, including extraordinary economic challenges, will be considered.

3. Completed applications will be processed within 7-10 business days upon receipt of the application as long as all required documentation is included. YMCA staff will notify applicants of the results by phone and/or email once the process is complete.

4. Failure to respond to a renewal notice and complete a review by the expiration date will result in a restoration of standard Child Care rates.

5. Complete an accurate disclosure of current monthly income and resources is a requirement. Any misrepresentation may result in disqualification of scholarship for a minimum of one year.

6. YMCA Financial Assistance cannot be used in conjunction with subsidies or discounts.

SCHOLARSHIP APPLICATION FORM

Complete this application completely and accurately. Provide documentation as requested and print legibly.

Parent/Guardian _____ Birth Date ____/____/____ Age ____ ☐ Male ☐ Female

Mailing Address _____ City _____ State _____ Zip Code Phone

Number (home) _____ (work) _____ (cell) _____

Email _____

Household Members

List all household members.

Name _____ Birth Date ____/____/____ Age _____ ☐ Male ☐ Female

Name _____ Birth Date ____/____/____ Age _____ ☐ Male ☐ Female

Name _____ Birth Date ____/____/____ Age _____ ☐ Male ☐ Female

Name _____ Birth Date ____/____/____ Age _____ ☐ Male ☐ Female

Name _____ Birth Date ____/____/____ Age _____ ☐ Male ☐ Female

Name _____ Birth Date ____/____/____ Age _____ ☐ Male ☐ Female

Name _____ Birth Date ____/____/____ Age _____ ☐ Male ☐ Female

Name _____ Birth Date ____/____/____ Age _____ ☐ Male ☐ Female

Income

List household members and type of income (employment, interest/dividends, child support, worker's compensation, retirement, unemployment, SSI, DSHS, TANF, SSA, VDATSA, VA). Verification of current income for two months is required.

Name of Household Member	Type of Income	Gross Monthly Amount
		$
		$
		$
		$
		$
		$
		$
		$

Extenuating Circumstances

Describe any extraordinary challenges that affect the household finances. Examples include medical bills (less insurance reimbursement), education expenses (less financial aid), recent changes in employment, etc. Attach additional information and supporting documents.

_____

_____

_____

_____

_____

Application Statements of Understanding

Read and initial each statement to prevent delays in your application.

____ I have provided all requested information that applies to me and my household members.

____ I have provided verification of income of all household members with the most recent two months' pay stubs and/or all other income and bank statements.

____ If I have any dependent children listed, I have provided verification of recent child support payments or verification that I do not receive child support. (Division of Child Support Enforcement can provide verification at 800-442-5437).

____ I have provided supporting documentation for the extenuating circumstances described above.

____ I understand this application will be voided 30 days after the review is completed if I do not enroll in a Child Care program with the YMCA.

____ I understand that scholarship will expire and the rate will be raised to the full Child Care rate if the review paperwork is not turned in before the expiration date.

____ I understand that financial assistance does not apply to drop-in, registration, or late fees.

I declare that the statements above are true and complete to the best of my knowledge. I understand any misrepresentation on my part may disqualify me from receiving Financial Assistance from the YMCA. I hereby authorize verification of information given, and I agree to provide any and all requested information needed to evaluate my need for scholarship. I understand a review of my financial situation and circumstances will be periodically conducted at the request of the YMCA to verify my continuing need for assistance, and that my Child Care rates may be raised to the full Child Care rate if requested information is not submitted correctly or completely.

Applicant Signature _____ Date ____/____/____