



CHILD CARE ASSISTANCE APPLICATION

NOTE: INCOMPLETE CHILD CARE ASSISTANCE APPLICATIONS WILL BE RETURNED UNPROCESSED.

HAVE YOU REGISTERED YET? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SPRING BREAK <input type="checkbox"/> WINTER BREAK <input type="checkbox"/> SUMMER <input type="checkbox"/> FALL		* PARENTS <u>MUST</u> REAPPLY AFTER EACH SESSION	
CHILD'S NAME	SITE ATTENDING	SECOND CHILD'S NAME	SITE ATTENDING
THIRD CHILD'S NAME	SITE ATTENDING	FOURTH CHILD'S NAME	SITE ATTENDING
PARENT / APPLICANT		HOME PHONE NUMBER	
ADDRESS		CITY	STATE ZIP CODE
ARE YOU CURRENTLY A YMCA MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO		BRANCH	ID NUMBER
EMPLOYER	HOW LONG? ___YR ___MO	OCCUPATION	GROSS MONTHLY INCOME
ADDRESS		PHONE NUMBER	EXTENSION
PARTNER / SPOUSE EMPLOYER	HOW LONG? ___YR ___MO	OCCUPATION	GROSS MONTHLY INCOME
ADDRESS		PHONE NUMBER	EXTENSION
PLEASE LIST ALL MEMBERS OF YOUR HOUSEHOLD	AGE	NAME	AGE
NAME	AGE	NAME	AGE

PLEASE READ CAREFULLY
 TO PROCESS YOUR APPLICATION IN THE MOST EFFICIENT MANNER, YOU MUST INCLUDE ALL REQUIRED DOCUMENTS.

1. Current tax return or other proof of dependency.
2. Two most recent paycheck stubs from the applicant and partner or spouse. We will also accept a letter from your employer on company letterhead stating your monthly gross income.
3. List the type of assistance you receive and amount: Student Loans: \$ _____ /How much of Student Loan is Tuition Fees? \$ _____

SSI: \$ _____	Child Support: \$ _____	Rental Income: \$ _____
AFDC: \$ _____	Medical Aid: \$ _____	Investments: \$ _____
SSD: \$ _____	Section 8 Housing: \$ _____	Other (Please describe): \$ _____
Food Stamps: \$ _____	Alimony: \$ _____	

Are you receiving Third Party Assistance? YES NO If Yes, Third Party is _____

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 must 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.

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.

Signature _____ Date _____

Your signature indicates that you have read and understand the policies and procedures of the YMCA scholarship program.

OFFICE USE ONLY			
TOTAL INCOME	SCHOLARSHIP %	EFFECTIVE DATE	NOTIFICATION DATE

YMCA MISSION STATEMENT

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

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 7 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