

Name of Applicant: _____

Before you apply for YWCA Financial Assistance, you must first apply for Child Care Services (CCS) assistance. You may call them at 744-3572 or visit their office at 1213 13th St (13th and Ave L).

Scheduled Appointment with CCS: _____
Date Time

Scholarship will be temporary, pending Child Care Services approval.

Please attach a copy of your CCS denial letter.

NOTE: Completing the scholarship application does not guarantee approval or enrollment in a YWCA Program.

Step 1: Complete the Financial Aid Application completely. List GROSS income for all individuals living in the home.

Step 2: Attach the most recent pay stub(s) to verify all household income. YOUR APPLICATION WILL NOT BE ACCEPTED IF THESE DOCUMENTS ARE NOT ATTACHED OR A VALID REASON GIVEN.

Step 3: Applications will be reviewed. Please list a daytime telephone number in case we need to call you for details.

Step 4: You will be notified by phone about your application. After being notified, you will complete the enrollment form(s) and turn them in with payment of our parent fee to the YWCA front office.

Date: _____

Applicant's Name: _____ Address: _____ _____ City State Zip	Phone: _____ _____ Gross Monthly Salary _____
Name of Employer: _____ Address: _____ _____ City State Zip	_____ _____ Gross Monthly Salary _____
Spouse's Name: _____ Address: _____ _____ City State Zip	Phone: _____ _____ Gross Monthly Salary _____
Name of Employer: _____ Address: _____ _____ City State Zip	_____ _____ Gross Monthly Salary _____

HOUSEHOLD MEMBERS AND INCOME: *All members of household must be listed*

Last Name	First Name	Age	Monthly Income	Source of Income

Current Financial Information

List Total Monthly Family Income:
 Salary(s) _____
 Public Assistance _____
 Child Support _____
 Alimony _____
 Other _____
Total Income: _____

List Total Monthly Family Expenses:
 Rent/Mortgage _____
 Food _____
 Utilities _____
 Transportation _____
 Childcare _____
 Loan(s) _____
 Medical Other _____
Total Expenses: _____

Other Agencies Providing Assistance:	Amount
_____	_____
_____	_____

Total Number of Family Members: _____
 Total Anticipated Annual Household Income (Total monthly income X 12)
 \$ _____

CHILDREN PARTICIPATING IN YWCA CHILDCARE PROGRAMS

Last Name: _____ First Name: _____

- Male
- Female

Race

- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian/Pacific Islander
- American Indian or Alaskan Native &
- White
- Asian & White
- Black or African American & White
- Amer. Indian, Alaskan Native & African
- Amer.
- Other Multi-Racial

Ethnicity

- Hispanic
- Non-Hispanic

YWCA Program:

- YWCAre (Child's school: _____)
- Challenger
- Legacy CDC (After-school)
- Child Development Center (CDC)

Last Name: _____ First Name: _____

- Male
- Female

Race

- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian/Pacific Islander
- White
- Asian & White
- Black or African American & White
- Amer.
- Other Multi-Racial

Ethnicity

- Hispanic
- Non-Hispanic

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- YWCAre (Child's school: _____)
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Last Name: _____ First Name: _____

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- Black or African American
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- Black or African American & White
- Amer.
- Other Multi-Racial

Ethnicity

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- Non-Hispanic

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List any special circumstances which you feel should be taken into consideration in reviewing this application for financial aid:

CERTIFICATION:

I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.

Applicant's Signature

Date

Spouse's Signature

Date

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY OF THE UNITED STATES GOVERNMENT.

FOR YWCA USE ONLY:

Household size:

Annual Income:
\$ _____

- Extremely Low 30% or <
- Low 31-50%
- Moderate 51-80%
- Non Low-Mod 81% or >

Income Limit:
\$ _____

Eligible: _____

Person Making Determination: _____
Date: _____