



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA of Southwestern Indiana
SCHOOL DAY OFF
Financial Assistance Form
(Confidential)**

This form will be used to determine at what level the YMCA can grant you financial assistance to participate in our **School Day Off** program. Please print clearly and fill out all information completely. We cannot make a determination without complete information. **This application will not be processed if not completed.**

Any inaccurate information will disqualify you from the assistance processes immediately. i.e. failure to identify actual income or other assistance.

By completing this application and signing it, you authorize a representative of the YMCA to contact agencies or businesses listed to verify the information recorded by you.

We will process the application as quickly as possible. You will be sent an email with your amount to pay. If you do not have an email address, please indicate that on the next page and we will call you. Please note, that being awarded a scholarship does not automatically enroll you nor reserve a spot for you in the program. You must still fill out a registration form to be enrolled.

You must submit a copy of one of the following documents:

- **Copy of last year's tax return form (1040 or a W-2)**
- **Last two pay stubs**
- **Letter from your employer verifying your current salary (if you do not have a pay stub yet)**
- **Current class schedule if you are a full time student**

FOR FRONT DESK USE ONLY

Date Received: _____ Time Received: _____

All required documents attached: _____

FOR CHILD CARE STAFF USE ONLY

Rate: _____ % of scholarship _____

Adjusted rate: _____

Reviewed by: _____ Date reviewed: _____



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CONFIDENTIAL FINANCIAL ASSISTANCE FORM

PERSONAL INFORMATION. PLEASE PRINT.

Parent's Name: _____

Married [] Single [] Separated [] Divorced []

Are you a Y member? _____ Yes, I am a Y Member _____ No, I am NOT a Y Member

Which days will you use for School Day Off? _____ Warrick County _____ EVSC

Head of Household (Full Name) _____

Address _____ Number in Family _____

City _____ State _____ Zip _____

Home Phone Number _____ Work Number _____

Cell Phone Number _____ **Email Address _____ (this is how you will receive your scholarship amount)**

Do you own your home? _____ House Payment or Rent amount: \$ _____

DEPENDENTS OR ADDITIONAL ADULTS LIVING IN THE HOUSEHOLD:

NAME	BIRTH DATE	AGE	RELATIONSHIP	INCOME

EMPLOYMENT:

Present Employer: _____

Number of years employed: _____

Spouses Employer (if married): _____

Number of years spouse employed: _____



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FINANCIAL INFORMATION (*PLEASE SEE PAGE 1 FOR A LIST OF VERIFICATION THAT MUST BE ATTACHED TO THIS APPLICATION)

Monthly Household Income

Monthly Household Expenses

\$ _____ Monthly **Gross** Paycheck

\$ _____ Mortgage or Rent

\$ _____ Spouses **Gross** Paycheck

\$ _____ Phone

\$ _____ Child Support

\$ _____ Water

\$ _____ Supplemental Support
(Housing, food stamps, social security, etc.)

\$ _____ Electric

\$ _____ Other Income

\$ _____ Groceries

\$ _____ Other Expenses

\$ _____ Total Monthly Income

\$ _____ Total Monthly Expenses

GENERAL:

Reason you are applying for financial assistance: _____

What can you afford to pay towards the program? _____

In completing this application and signing it, I certify that the information supplied herein is true, accurate, and complete to the best of my knowledge. I will let you know if and as soon as there is any change in my family or economic status. You are hereby authorized to check with my bank or other business or personal references you deem necessary to verify the information given on this application.

I understand any information found to be false or unreported would disqualify me from assistance and future assistance.

I understand that, if I fail to keep my account current, I can lose my financial assistance.

The YMCA encourages financial assistance recipients to write a brief note describing how the program has been of help to them. These stories may be shared with YMCA supporters to show them how their contributions are used to encourage prospective donors to become involved.

Would you be willing to share your story? Yes [] No []

Signature of Applicant

Date