



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 Child Care 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**

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FOR OFFICE 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 [ ]

What school does your child attend? \_\_\_\_\_

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Head of Household (Full Name) \_\_\_\_\_

Address \_\_\_\_\_ Number in Family \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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  
\$ \_\_\_\_\_ Spouses Gross Paycheck  
\$ \_\_\_\_\_ Child Support  
\$ \_\_\_\_\_ Supplemental Support  
(Housing, food stamps, social security, etc.)  
\$ \_\_\_\_\_ Other Income

\$ \_\_\_\_\_ Mortgage or Rent  
\$ \_\_\_\_\_ Phone  
\$ \_\_\_\_\_ Water  
\$ \_\_\_\_\_ Electric  
\$ \_\_\_\_\_ 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