

Participant Name

GREATER WICHITA YMCA | CHILD CARE AND CAMP FINANCIAL ASSISTANCE APPLICATION

(Not valid for membership and/or other Y programs)

The Child Care and Camp branch of the Greater Wichita YMCA is committed to making our programs available to all children. We strive to support families and ensure everyone has the opportunity to reach their potential. Each year, the YMCA raises funds through our Annual Campaign to provide financial assistance. Additionally, the Child Care and Camp branch works dilegently to secure funds through grants and other community partnerships to ensure no child is turned away. While the basis for assistance is family income we do take into consideration other extenuating circumstances. The YMCA believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement; therefore applicants will be asked to pay some portion of the fee. Child Care finacial assistance awards are valid for up to one year, at which time applicants must re-apply.

To apply for assistance, complete the following application and return, along with your income documentation to:

I AM APPLYING FOR

EARLY CHILDHOOD PROGRAM: 2 WKS TO PREK

Early Learning Center (Full day, full year child care)Child Development Center (School year child care)

1. The Program or Site Director at the location you are enrolling or currently attending

DOB __/__/__

- 2. Mail to: Greater Wichita YMCA 402 N Market, Wichita, Ks 67202 Attn: Child Care and Camp
- ${\tt 3. \, Scan \, and \, email \, to \, child carescholar ship@ymcawichita.org}\\$

Incomplete applications cannot be processed.

PARTICIPANT INFORMATION

Address City / State Zip	SCHOOL AGE PROGRAMS: KG-12 YRS (Camp Hyd Before and/or Afterschool Care	le - up to 16yrs)
Parent / Guardian #1 Phone	YMCA Summer Day Camp # of weeks	
()	INDICATE SPECIFIC LOCATION, IF YOU KNOW:	
Parent / Guardian #2 Phone		
Email:	How much I can pay weekly: \$ (requ	uired)
Note: You will be notified by email regarding your financial assistance award	Parent/Guardian #1:at HomeWorking	Attending School
Who has custody of the participant? circle one Joint Mom Dad Guardian Foster care	Parent/Guardian #2:at HomeWorking	_
_		
TO APPLY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS FOR EACH ADULT	4 ALL PERSONS LIVING IN THIS HOUSE	
IN THE HOUSEHOLD:	Parent/Guardian/Adult:	
I FILED FEDERAL TAXES for last year and/or receive Social Security:	Parent/Guardian/Adult:	
1040 Federal Tax Form(s) for	Child:	DOB:
ALL ADULTS in house hold \$	Child:	DOB:
SSI/Disability Award Letter HOUSEHOLD INCOME	Child:	DOB:
·····	Child:	DOB:
MY HOUSEHOLD INCOME HAS CHANGED, since I filed taxes last year:	Child:	DOB:
Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)	Child:	DOB:
\$	Child:	DOB:
TOTAL ANNUAL HOUSEHOLD GROSS INCOME	Child:	DOB:
Do you recieve child care assistance from DCF, or any other 3rd party agency? circle one YES NO	Other dependents:	Age(s):
If yes, please provide documentation of the assistance provided) (

GREATER WICHITA YMCA CHILD CARE AND CAMP FA APPLICATION - Page 2



on this application.	
	
	
_	
PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS.	
EMINDER: THIS APPLICATION MUST BE COMPLETED FOR EA	
I certify that the above information is true and complete to additional income not represented in this application.	o the best of my knowledge, and that I do not have
I agree, if necessary, to send additional information and do that scholarship assistance is based on need.	ocumentation to support the above statements. I understan
I understand that if I falsify any of the above information,	I will not be eligible for assistance now and/or in the future
The YMCA may ask for clarification of documentation or ci guarantee placement in a program.	ircumstances. Submitting this application does not
Available funds are due to the generous donations of our sand grants awarded to the Greater Wichita YMCA Child Cassubject to available funds.	staff and community as well as community partnerships re and Camp branch. Continuation of financial assistance is
ignature of person completing this form	 Date
-	-
ompleted application takes up to 10 husiness days to process	3.
ompleted application takes up to 10 business days to proces	
OFFICE USE ONLY	
OFFICE USE ONLY Date received:/	
OFFICE USE ONLY Date received:/ Date completed:/ Scholarship Type: circle one YFA UW ECBG OTHER	Award date://
Date received:/ Date completed:/	//////