



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 diligently 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 financial 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:

1. The Program or Site Director at the location you are enrolling or currently attending
2. Mail to: Greater Wichita YMCA 402 N Market, Wichita, Ks 67202 Attn: Child Care and Camp
3. Scan and email to childcarescholarship@ymcawichita.org

Incomplete applications cannot be processed.

1 PARTICIPANT INFORMATION

Participant Name _____ DOB ___/___/___

Address _____ City / State _____ Zip _____

Parent / Guardian #1 _____ () _____
Phone _____

Parent / Guardian #2 _____ () _____
Phone _____

Email: _____

Note: You will be notified by email regarding your financial assistance award

Who has custody of the participant? circle one
Joint Mom Dad Guardian Foster care

2 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)

SCHOOL AGE PROGRAMS: KG-12 YRS (Camp Hyde - up to 16yrs)

___ Before and/or Afterschool Care

___ YMCA Summer Day Camp ___ # of weeks

INDICATE SPECIFIC LOCATION, IF YOU KNOW:

How much I can pay weekly: \$ _____ (required)

Parent/Guardian #1: ___ at Home ___ Working ___ Attending School

Parent/Guardian #2: ___ at Home ___ Working ___ Attending School

3 TO APPLY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS FOR EACH ADULT IN THE HOUSEHOLD:

I FILED FEDERAL TAXES for last year and/or receive Social Security:

1040 Federal Tax Form(s) for ALL ADULTS in house hold \$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

SSI/Disability Award Letter

.....

MY HOUSEHOLD INCOME HAS CHANGED, since I filed taxes last year:

Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

\$ _____
TOTAL ANNUAL HOUSEHOLD GROSS INCOME

.....

Do you receive child care assistance from DCF, or any other 3rd party agency? circle one YES NO

If yes, please provide documentation of the assistance provided

4 ALL PERSONS LIVING IN THIS HOUSEHOLD:

Parent/Guardian/Adult: _____

Parent/Guardian/Adult: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Other dependents: _____ Age(s): _____
