



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA SOUTHCOAST

Y Cares Scholarship Application

Child Care · Summer Day Camp

In keeping with our mission, the Y offers need based scholarships for Child Care and Summer Day Camp programs. Any family not eligible for a state subsidy for child care is eligible to apply. The process to apply is fairly simple. Please complete both sides of this application and return to your local Y branch Welcome Center with required documentation attached.

PARENT/GUARDIAN (1) INFORMATION

Name _____ DOB _____

Mailing Address _____

City _____

State _____ Zip _____

Relationship to Child _____

Cell Phone _____ Home Phone _____

Email _____

Employer/School _____ Phone _____

PARENT/GUARDIAN (2) INFORMATION

Name _____ DOB _____

Mailing Address _____

City _____

State _____ Zip _____

Relationship to Child _____

Cell Phone _____ Home Phone _____

Email _____

Employer/School _____ Phone _____

CHILD INFORMATION Who you wish to register for the program

Name _____ DOB _____ Age _____

Name _____ DOB _____ Age _____

Name _____ DOB _____ Age _____

Name _____ DOB _____ Age _____

Name _____ DOB _____ Age _____

ALL PERSONS LIVING IN THIS HOUSEHOLD whether related or not

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

I AM APPLYING FOR A CHILD CARE SCHOLARSHIP

BEFORE SCHOOL _____
Name of Child's School & City or Town

DAYS Mon Tues Wed Thurs Fri

AFTER SCHOOL _____
Name of Child's School & City or Town

DAYS Mon Tues Wed Thurs Fri

EARLY CHILDHOOD New Bedford Shining Tides Sippican

Preschool Full Day Half Day

Days: Mon Tues Wed Thurs Fri

I AM APPLYING FOR A CAMBERSHIP

CAMP CHOICE _____
Specify Camp Name

Preferred Session [Maximum 2 weeks*] Please indicate session letter

First Choice Session _____ Session _____

Second Choice Session _____ Session _____

*Additional weeks possible pending availability

YMCA SOUTHCOAST

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Dartmouth YMCA 508.993.3361 Fall River YMCA 508.675.7841 Gleason Family YMCA 508.295.9622 Mattapoisett YMCA 508.758.4203 New Bedford YMCA 508.997.0734 Stoico/FIRSTFED YMCA 508.678.9622

ELIGIBILITY

To qualify for a scholarship, parents should be working or attending school. Scholarships are also available to families receiving social security income that can verify a service need.

TO COMPLETE YOUR APPLICATION PLEASE SUBMIT THIS FORM WITH A COPY OF ONE THE FOLLOWING DOCUMENTS :

- Most recent Federal income tax form 1040 for all household incomes
-or-
- Pay stubs for the last 4 weeks for parents in the household
-or-
- Proof of SSI Income (if applicable)

TELL US MORE...Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I am applying for a scholarship from the Y because:

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarship awards are based on need. In the event that I or my children must cancel our participation, I will contact the Y immediately so the scholarship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for a scholarship now and/or in the future.

Signature of person completing this form

Date

VOLUNTARY SURVEY

This race/ethnic group data is analysis and periodic reports for funding agencies. Please check one of the following.

_____ Black _____ Hispanic _____ White
_____ Asian/Pacific Islander _____ American Indian/Alaskan Native

OFFICE USE ONLY

Gross Yearly Income	\$ _____	Family Size	_____	Full Fee	\$ _____	Discount	_____ %
After School Fee	\$ _____	Vacation Week(s) Fee	\$ _____	Before School Fee	\$ _____		
Early Childhood Fee	\$ _____	Camp Fee	\$ _____	Fee Start Date	_____		
Date Confirmation Letter Mailed	_____	Staff Signature	_____				