



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/voucher 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. Priority will be given to those with a demonstrated service need.

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 _____

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 CAMPSHIP

CAMP CHOICE _____
Specify Camp Name

Please indicate session letter(s) you wish to have your child attend:

A B C D

E F G H I

YMCA SOUTHCOAST

128 Union Street · Suite 304 · New Bedford, MA 02740 · P 508.996.9622 ext. 111 · F 508.984.4631 · ymcasouthcoast.org

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, family should demonstrate a service need. Service need may be defined as employed 25 hours/week or more; full time student; disability of a parent or caregiver; or other extenuating circumstances. If you have a question regarding service need please ask to speak to the Camp Director.

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

- Pay stubs for the last 4 weeks for parents in the household
-or-
- Proof of SSI Income (if applicable)

- Do you qualify for a State subsidy/Voucher? YES NO
- If YES, have you applied? YES NO
- Where? _____

TELL US MORE...

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	_____				