



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA of Western North Carolina
Y-Access Financial Assistance Application/Screening Form
Summer Day Camp 2018 - Hendersonville**

Date _____
Parents name _____
Home Phone # _____
Cell Phone # _____
Work Phone # _____
Summer Camp Site: _____

Child's Name: _____
Age: ____ Sex: ____ Race: _____ Grade: ____
Child's Name: _____
Age: ____ Sex: ____ Race: _____ Grade: ____
Child's Name: _____
Age: ____ Sex: ____ Race: _____ Grade: ____

Is your child currently enrolled in our Afterschool Program? Yes / No Site: _____

FINANCIAL INFORMATION

My total family income is:

Monthly \$ _____

Annually \$ _____

Do you receive any of the following? If so, how much PER MONTH?

AFCD \$ _____

Food Stamps \$ _____

Child Support \$ _____

Social Security \$ _____

Pensions \$ _____

Other \$ _____

To qualify for financial assistance for child care, parents must meet the program's guidelines. **Parents must be working full-time (30 or more hours per week) or enrolled in school full-time.**

How many hours per week do you work? _____ Your spouse? _____

Are you a single parent? Yes / No

Are you a full-time student? Yes / No
If yes, attach a copy of your full-time school schedule.

REQUIRED: Copies of your last three paycheck stubs for you and your spouse (if applicable)

REQUIRED: Copy of your 2017 tax return (1st page only / AGI)

How much could you possibly pay per week? \$ _____

I am aware that there is a non-refundable, non-transferable registration not covered by YMCA financial assistance.

I have completed the entire Financial Assistance application, including the "Extenuating Circumstances" (see flip side) for the YMCA to consider when reviewing my application.

I hereby acknowledge that all of the information provided on this application is true and correct.

Parent Signature

Date

Please list any extenuating circumstances for us to consider when reviewing your application.

If your child has previously received financial assistance, how do you feel the program has helped your child?

I authorize the YMCA to share my story. Yes No

I acknowledge that if I am offered and accept financial assistance, I understand that my portion of the summer camp program cost must be paid on time and my account must be kept current. Failure to comply with the payment polices outlined in the program handbook may jeopardize future financial assistance.

Parent's Name

Parent's Signature

Date

Child (ren)'s Name(s)

<p style="text-align: center;">Office Use Only</p> <p>Previous F.A. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--