



**YMCA of Western North Carolina
2018 - 2019 Afterschool Program
Financial Assistance Application/Screening Form**

Date _____ Child's Name _____
 Parent/Guardian Name _____ Age: ____ Sex: ____ Race: _____ Grade: ____
 Home Phone _____ Child's Name _____
 Cell Phone _____ Age: ____ Sex: ____ Race: _____ Grade: ____
 Work Phone _____ Child's Name _____
 Afterschool Site _____ Age: ____ Sex: ____ Race: _____ Grade: ____

FINANCIAL INFORMATION

My total family income is:

Monthly \$ _____

Annually \$ _____

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

AFCDC \$ _____

Food Stamps \$ _____

Child Support \$ _____

Social Security \$ _____

Pensions \$ _____

Other \$ _____

Is your child currently in our summer camp program? Yes / No Site: _____

The YMCA has limited resources available to provide financial assistance, and it is a requirement that you apply for subsidy first through Buncombe County Child Care Services (828 250 5500) or McDowell County Child Care Services (828 659 6204). (Subsidy is not available for the Youth Services Center in Asheville or the UNCA Kellogg Center in Hendersonville.) Have you applied for county vouchers? Yes / No

In order 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.**

Are you a single parent? Yes / No

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

Are you a full-time student? Yes / No

If so, attach a copy of your full-time school schedule.

Have you attached **copies** of your **last three paycheck stubs**?

Have you attached a **copy of your 2017 tax return?** (1st page only)

Amount you could possibly pay per week? _____

Are you aware there is a registration fee of \$65? Yes / No This amount is not covered by financial assistance.

Have you completed the entire financial assistance application, including the "Extenuating Circumstances" for us to consider when reviewing your application? Yes / No

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

Parent/Guardian 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 child care 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.

Initial _____

Parent/Guardian Name

Parent/Guardian Signature

Date

Child (ren)'s Name(s)

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