



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

Date _____
 Parent/Guardian Name _____
 Home Phone _____
 Cell Phone # _____
 Work Phone # _____
 Afterschool 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 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 (828-652-3355). Have you applied for county vouchers? Yes / No

*Henderson County programs do not currently accept child care vouchers.

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 most current tax return?** (1st page only)

Amount you could possibly pay per week? _____

Are you aware that there may be a registration fee? 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> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--