

Davis Family YMCA Preschool Financial Assistance Application

Parent or Guardian's Name _____

Child's Name _____ Age _____

Telephone Number (Day) _____ (Evening) _____

Address _____

City _____ State _____ Zip _____

Parent or Guardian Employer's Name _____ Occupation _____

Annual Income _____

Spouse or Significant other Employer _____ Occupation _____

Annual Income _____

Number of adults in household (include spouse or significant other) _____ No. of children in family _____

First	Middle	Last	Age
1.			
2.			
3.			
4.			
5.			
6.			

List all names of family members: (If you need space, please use back of the form)

Other Income Sources and Amounts:

Unemployment _____ Child Support _____ ADC _____ Spousal Support _____

SSI/Disability _____ Veterans Benefits _____ Food Stamps _____ Other _____

Total Household Income _____

Monthly Expenses:

Rent _____ Loan Payments _____ Utilities _____

Credit Cards _____ Insurance _____ Medical _____

Please list any special circumstances that would contribute towards necessity for financial assistance (unemployment, etc.)

Have you received financial assistance for YMCA Programs or Membership in the past?

Yes _____ No _____ What Program? _____ Date _____

This application is specifically for the Davis Family YMCA Preschool Financial Assistance.

Please submit copies for all individuals contributing to the household income.

- A. A most recent pay stub and/or a copy of amount of public assistance.
- B. Recent Federal Income Tax Form.
- C. Verification of expenses (receipts) of rent, insurance, utilities, loans, credit cards, or medical bills.
- D. A letter from the applicant stating why participating in Preschool would benefit your child.
- E. YMCA Director will notify you by mail regarding status of your application and the amount of money you will pay for Preschool. Financial assistance is limited and decided on a first come/first serve basis.

*Any application submitted without documented verification of income/expenses will be rejected, **NO EXCEPTIONS.**

The information you have submitted is viewed only by the YMCA Directors for evaluation and processing. Please do not quote the amount of financial aid you have received. Each situation is unique and based on personal circumstances.

I certify that the information in this application is accurate and true. I will notify the YMCA of any changes that occur in the above information.

Print Name _____ **Date** _____

Written Signature _____ **Date** _____



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