YMCA OF YOUNGSTOWN
CHILD CARE FINANCIAL ASSISTANCE APPLICATION

Is your child a YMCA Member? ❑ Yes ❑ No **Child Care Location:** ❑ Central YMCA ❑ Davis Family YMCA
Program: ❑ Day Camp ❑ Enrichment Camp ❑ After School/Off School ❑ Preschool

This application is specifically for the YMCA of Youngstown Program Financial Assistance.
Applications are due with all required documents 3 weeks prior to the start of the program.

Parent or Guardian's Name _____

Child's Name _____ DOB _____ Age _____

Phone Number (Cell) _____ (Home) _____

Email _____

Home Address _____

City _____ State _____ Zip _____

Emergency Contact _____ Cell Phone _____

Parent or Guardian Employer Name _____ Occupation _____

Annual Gross Income _____

Spouse or Significant other's Employer Name _____ Occupation _____

Annual Gross Income _____

Number of adults in household (include spouse or significant other) _____ Number of children in family _____

List ALL household members in the space provided below. (be sure to include yourself)

FIRST NAME	LAST NAME	AGE

Monthly Income Sources and Amounts: Employment _____

Unemployment _____ Child Support _____ Spousal Support _____ OWF _____

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

Total Monthly Household Income $ _____

Monthly Expenses:

Rent/Mortgage _____ Loan Payments _____ Utilities _____

Credit Cards _____ Insurance _____ Medical _____

Food _____ Gas _____ Childcare _____

Total Monthly Expenses $ _____

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

Are you approved for childcare services from Mahoning County Job & Family Services? ❑ Yes ❑ No

Have you ever received financial assistance from the YMCA of Youngstown in the past? ❑Yes ❑ No
If Yes, please specify financial assistance type: ❑ Membership ❑ Program ❑ Child Care Date: _____

The following information must be submitted with this application.
Please submit copies for all individuals contributing to the household income.

A. Three of the most recent pay stubs. **(Or a bank statement with monthly income deposits)**
B. Most Recent Federal Income Tax Form or W2 Forms.
C. A letter from the applicant stating why participating in YMCA programs would benefit your child.

Any application submitted without documented verification of income/expenses cannot be processed.

YMCA Staff will notify you by Email regarding the status of your application and the amount of money you will pay for YMCA Child Care Programming. Financial assistance is limited and decided on a first come first serve basis.

Provide your Email address for application status: _____

The information you have submitted is viewed only by the YMCA Program Directors and Financial Assistance Coordinator for evaluation and processing. Please do not quote the amount of financial assistance 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 _____

Sign _____

Date _____

Applications are due with all required documents 3 weeks prior to the start of the program.

For Central Child Care Programs Return applications to:
Central YMCA
17 N Champion St
Youngstown, OH 44503

For Davis Child Care Programs Return applications to:
Davis Family YMCA
45 McClurg Rd
Boardman, OH 44512

UPDATED: 8/25/2025