

YMCA of Catawba Valley

Licensed Childcare Financial Assistance Form

Updated: July 1, 2021



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

As a 501(c)3 non-profit organization, the YMCA offers scholarships to allow those in the community to receive memberships and participate in the programs and services offered who otherwise may not be able to afford it. Funded through community donations, the YMCA's financial assistance program allows the Y to achieve its Mission of being for all. This form ensures that the Y is being good stewards of the community's donations. As an applicant for financial assistance, there are a few things you should remember:

- If your child will be attending a state-licensed childcare program, you will need to provide a denial letter from DSS to be eligible for YMCA financial assistance.
- You may be awarded 25%-65% off the full rate.
- Without the submission of a 1040 Tax Return or Letter of Non-Filing from the IRS, the maximum you can be awarded is 25%. You may obtain a Letter of Non-Filing by contacting the IRS at www.irs.gov or 1-800-908-9946.
- Your financial assistance is good for one calendar year. You will be required to submit new financial information annually or your assistance will be terminated.

Parent/Guardian Name: _____ DOB: ____/____/____

Phone Number: _____ Email Address: _____

Other Adults Supported by Household Income: _____

Children Supported by Household Income: _____

| Income Documents Provided | Total Annual Income Represented | Staff Verified |
|--|---------------------------------|----------------|
| <input type="checkbox"/> Case for Support (on back) | _____ | _____ |
| <input type="checkbox"/> DSS Denial Letter | _____ | _____ |
| <input type="checkbox"/> 1040 Tax Return OR | _____ | _____ |
| <input type="checkbox"/> IRS Letter of Non-Filing AND | _____ | _____ |

Other Proof of Income / Supporting Documents:

| Document | Annual Income Represented | Staff Verified |
|----------|---------------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Gross Annual Household Income: \$ _____ Scholarship Awarded: _____ %

Primary Member Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____

Director Approval: _____ Date: _____

YMCA Mission:

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

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Case for Support: Please tell us in your own words why you are applying for financial assistance, what you hope to gain out of your YMCA membership or participation in YMCA programs, and any discrepancies in the financial documentation provided:

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