



YWCA School Age Care Application for Scholarship

This form must be submitted with that following documentation to be considered for scholarship.

1. Complete program registration form
2. Copies of two most recent paycheck stub for each household income.
3. A copy of latest IRS forms with number of dependents indicated.
4. A copy of an official Photo ID.

| Personal Data | | |
|-------------------------|---------------|-------------|
| Child(ren)'s Name | | |
| Parent/guardian's name: | Relationship: | |
| Address: | City/Zip: | e-mail: |
| Home Phone: | Work Phone: | Cell phone: |
| Parent/guardian's name: | Relationship: | |
| Address: | City/Zip: | e-mail: |
| Home Phone: | Work Phone: | Cell phone: |

Are you an U.S citizen? _____ if no, explain: _____ Current Marital Status: _____

Are you a student? full time part time not a student. Spouse/Partner a student? full time part time not a student

How many dependent do you claim on your taxes? _____ Have you ever applied for assistance with the YWCA before? _____

| Financial Date | | | |
|---------------------|-------------------------------|---------------------|----------------------|
| Family members name | Employer (full or Part time) | Yearly gross income | Monthly gross income |
| 1. | | \$ | \$ |
| 2. | | \$ | \$ |
| 3. | | \$ | \$ |
| 4. | | \$ | \$ |
| total | | \$ | \$ |

| Income from other sources | | |
|---|--------|---------|
| | Yearly | Monthly |
| 1. Alimony and/or child support | \$ | \$ |
| 2. Workman's Compensation/ Unemployment | \$ | \$ |
| 3. Interest, Dividends | \$ | \$ |
| 4. Social Security Pension | \$ | \$ |
| 5. Other | \$ | \$ |
| total | \$ | \$ |

Other circumstances that you wish us to be aware of in considering you for scholarship can be attached to this form. Please support the information when possible.

Agreements:

1. I/we declare the information on this application is to the best of our knowledge and belief, is true, correct, and complete.
2. I/we understand that if I/we are accepted for this scholarship, that we may be required to submit updated financial information as required by the YWCA.
3. I/we understand that if our payments become delinquent the scholarship may be revoked and may affect further considerations for scholarship.
4. I/we understand that if all required information is not submitted, I/we may not be considered for scholarship.

| | |
|---|------|
| Signature of applicant | Date |
| Office only: <input type="checkbox"/> approved <input type="checkbox"/> not approved _____ new weekly fee | |