

**CHILD'S LAST NAME** \_\_\_\_\_  
**FAMILY EMAIL** \_\_\_\_\_  
**APPLICATION DATE** \_\_\_\_\_



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

# 2022/23 Preschool Assistance Form

## Kishwaukee Family YMCA Preschool Scholarship Information

Financial Assistance for YMCA Preschool is available thanks to donations to our YMCA Annual Campaign and the Kishwaukee United Way. The Kishwaukee Family YMCA offers quality programs designed to benefit children of all incomes, genders, and backgrounds. It is part of our mission, within the available resources of our YMCA to provide these services to individuals regardless of their inability to pay. A set sliding scale is used to determine how much assistance is awarded and is based on financial need, so families who apply for preschool scholarships must demonstrate economic hardship. We will give out partial scholarships in varying amounts. Parents or guardians will be responsible for any remaining portion. Please note all applicants must have a YMCA membership.

Please fill out the attached information and turn in your completed scholarship application and additional information as soon as possible to the YMCA front desk. Financial Assistance is granted by need on a first come, first served basis, and made available to the extent possible based on funds donated to the Kishwaukee Family YMCA by the Strong Kids Campaign, grants, and United Way. The YMCA has limited funds available for Scholarships.

Please allow up to 7-10 days to process your application. If you have not received a letter or a phone call after 2 weeks, then please do contact me on the status of your application.

Thank you,

Childcare Director  
Kishwaukee Family YMCA

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**CHECKLIST FOR COMPLETION:** Please include the following or your application will be considered incomplete.

- Application filled out completely
- Federal Tax Documents or
- Proof of household income

# Kishwaukee Family YMCA Preschool Scholarship Application

In order to be eligible for financial assistance, the child must have a YMCA Membership. If you are unable to get a membership due to financial reasons, there are financial assistance memberships available.

## **PARENT/GUARDIAN INFO (Please Print)**

First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Married  Single  Separated  Divorced

## **FAMILY INFO (Please Print)**

First \_\_\_\_\_ Last \_\_\_\_\_ Birth Date \_\_/\_\_/\_\_\_\_ Gender \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Birth Date \_\_/\_\_/\_\_\_\_ Gender \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Birth Date \_\_/\_\_/\_\_\_\_ Gender \_\_\_\_\_

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First \_\_\_\_\_ Last \_\_\_\_\_ Birth Date \_\_/\_\_/\_\_\_\_ Gender \_\_\_\_\_

Total # in Household \_\_\_\_\_

## **Which preschool will your child be attending?**

Tadpoles  Leap Frogs  Caterpillars  Butterflies

## **Reason for Financial Assistance Request:** (or submit letter of request)

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## **Please tell us how this assistance will positively impact your child and your family?**

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**DOCUMENTATION OF INCOME:**

The YMCA requires that applicants provide the requested information on income so that we can provide financial assistance in a fair and consistent manner across all applicants.

What is the total annual income for your entire household? \$\_\_\_\_\_

What does this include?  Wages  Govt. Support  Child Support  Other

Please attach copies of the following items as proof of income:

- Federal Income Tax return (Form 1040, 1040a, 1040ez): Each applicant will need to bring a current (2021) tax return showing total household income. Income needs to be for all adults in the household regardless of relationships or varying interest in joining the YMCA.

If a Federal tax return is not available, the applicant needs to provide the relevant documents:

1. Social Security Benefit Statement
2. Earned Income Statement from Social Security
3. Disability or Pension Benefit Document (1099R)
4. 401(k) or 403(b) Retirement distribution statement (1099R)
5. Pay stubs (current month (4 weeks) documentation)
6. Unemployment checks (current month (4 weeks) documentation)
7. Child support or alimony (court order of payment receipts)
8. SNAP Benefit
9. Section 8 Housing Statement/Housing Assistance

**Acknowledgement:**

I hereby attest that the above information is an accurate representation of all sources of family / individual income; that I authorize the YMCA to verify the above information as needed; and that the YMCA has the right to reject applications, to limit, restrict, exclude, or cancel privileges as it deems necessary and without recourse from me.

Signature of Parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

As parent/legal guardian, I do take responsibility to make sure that the necessary forms needed to attain assistance for the YMCA Preschool Program are completely and truthfully completed and returned to the appropriate parties. I accept and understand I will be responsible for my payment plan and agree to abide by all of the policies in place. I understand that failure to uphold my payment arrangement will result in my child being suspended from the program and that my Kishwaukee Family YMCA program privileges will also be suspended until my account is in good standing.

Signature of Parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_