

FOR YOUTH DEVELOPMENT™ FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

2020/21 Supplemental School Care Assistance Form

Kishwaukee Family YMCA Scholarship Information

Financial Assistance for YMCA Supplemental School Care 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 camp 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 Before and After School Scholarships.

Applications will be reviewed upon submission, and all award letters will be emailed. Please allow up to 7-10 business 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,

Jen Lucchesi

Youth Development Director Kishwaukee Family YMCA

Email: <u>jenl@kishymca.orq</u>

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

- Application filled out completely
- Federal Tax Documents or Statement of Non-Filing
- □ Proof of household income

Kishwaukee Family YMCA Scholarship Application

In order to be eligible for a scholarship, 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.

Part I			
Parent/guardian name:			
Married Single Total number of people in Household	Separated	Divorced	
Address:	City:		
Address:Cell phone:Email:	Work P	Work Phone	
Child's name:	grade	birth date:	
Child's name:	grade	birth date:	
Child's name:	grade	birth date:	
School your child attends:			
Part II Required Documentation: 1. Federal Tax Documents: 1040, 1040A, 1 2. If you did not file with the IRS, you must Call the IRS at 1-800-829-1040 to recoviri www.irs.gov, go to Forms and I complete form and mail to address lis 3. Include any of the following applicable de Last 30 days of paystubs Unemployment Benefit Statement SNAP Award letter and/or cash benefit Social Security Disability Benefits Subsidized Housing	provide a Stateme quest a Statement of statement of structions, click or sted on page 2 of for occumentation:	of Non-filing or, n Form 4506-T. Print and	
Employed by	Monthly	Income	
Other Income	Monthly	Monthly Income	
Other Income	Monthly	Monthly Income	

Other Income ______Monthly Income _____

Please include any other information that is applicable:		
Acknowledgement:		
I hereby attest that the above information is an accur- individual income; that I authorize the YMCA to verify the above YMCA has the right to reject applications, to limit, restrict, ex- necessary and without recourse from me.	ove information as needed; and that the	
Signature of Parent/legal guardian:	Date:	
As parent/legal guardian, I do take responsibility to make sur assistance for the YMCA Summer Camp Program are complet the appropriate parties. I accept and understand I will be responsall of the policies in place. I understand that failure to uphold my pasuspended from the program and that my Kishwaukee Family YMCA my account is in good standing.	ely and truthfully completed and returned to sible for my payment plan and agree to abide by syment arrangement will result in my child being	
Signature of Parent/legal guardian:	Date:	