



FOR YOUTH DEVELOPMENT<sup>®</sup>  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA SOUTHCOAST

## Y Cares Scholarship Application

### Child Care · Summer Day Camp

In keeping with our mission, the Y offers need based scholarships for Child Care and Summer Day Camp programs. Any family not eligible for a state subsidy/voucher for child care is eligible to apply. The process to apply is fairly simple. Please complete both sides of this application and return to your local Y branch Welcome Center with required documentation attached. Priority will be given to those with a demonstrated service need.

#### PARENT/GUARDIAN (1) INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer/School \_\_\_\_\_ Phone \_\_\_\_\_

#### PARENT/GUARDIAN (2) INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer/School \_\_\_\_\_ Phone \_\_\_\_\_

#### CHILD INFORMATION Who you wish to register for the program

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

#### ALL PERSONS LIVING IN THIS HOUSEHOLD whether related or not

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

#### I AM APPLYING FOR A CHILD CARE SCHOLARSHIP

BEFORE SCHOOL \_\_\_\_\_  
Name of Child's School & City or Town

DAYS  Mon  Tues  Wed  Thurs  Fri

AFTER SCHOOL \_\_\_\_\_  
Name of Child's School & City or Town

DAYS  Mon  Tues  Wed  Thurs  Fri

EARLY CHILDHOOD  New Bedford  Sippican

Preschool  Full Day  Half Day

Days:  Mon  Tues  Wed  Thurs  Fri

#### I AM APPLYING FOR A CAMPSHIP

CAMP CHOICE \_\_\_\_\_  
Specify Camp Name

Please indicate session letter(s) you wish to have your child attend:

**A B C D**

**E F G H I**

## YMCA SOUTHCOAST

128 Union Street · Suite 304 · New Bedford, MA 02740 · P 508.996.9622 ext. 111 · F 508.984.4631 · [ymcasouthcoast.org](http://ymcasouthcoast.org)

Dartmouth YMCA 508.993.3361    Fall River YMCA 508.675.7841    Gleason Family YMCA 508.295.9622    Mattapoisett YMCA 508.758.4203    New Bedford YMCA 508.997.0734    Stoico/FIRSTFED YMCA 508.678.9622

## ELIGIBILITY

To qualify for a scholarship, family should demonstrate a service need. Service need may be defined as employed 25 hours/week or more; full time student; disability of a parent or caregiver; or other extenuating circumstances. If you have a question regarding service need please ask to speak to the Camp Director.

### TO COMPLETE YOUR APPLICATION PLEASE SUBMIT THIS FORM WITH A COPY OF ONE THE FOLLOWING DOCUMENTS :

- Pay stubs for the last 4 weeks for parents in the household
- or-
- Proof of SSI Income (if applicable)

<input type="checkbox"/> <b>Do you qualify for a State subsidy/Voucher?</b>	YES	NO
<input type="checkbox"/> <b>If YES, have you applied?</b>	YES	NO
<input type="checkbox"/> <b>Where?</b> _____		

## TELL US MORE...

I am applying for a scholarship from the Y because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarship awards are based on need. In the event that I or my children must cancel our participation, I will contact the Y immediately so the scholarship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for a scholarship now and/or in the future.

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

### VOLUNTARY SURVEY

This race/ethnic group data is analysis and periodic reports for funding agencies. Please check one of the following.

_____ Black	_____ Hispanic	_____ White
_____ Asian/Pacific Islander	_____ American Indian/Alaskan Native	

### OFFICE USE ONLY

Gross Yearly Income	\$ _____	Family Size	_____	Full Fee	\$ _____	Discount	_____ %
After School Fee	\$ _____	Vacation Week(s) Fee	\$ _____	Before School Fee	\$ _____		
Early Childhood Fee	\$ _____	Camp Fee	\$ _____	Fee Start Date	_____		
Date Confirmation Letter Mailed	_____	Staff Signature	_____				