

YMCA of Catawba Valley

Childcare Financial Assistance Form
Updated: 02/28/2023



**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 Burke County childcare program, you will need to attach a denial letter from DSS to this application
- ✓ You may be awarded 25%-65% off the full rate.
- ✓ Please attach your most recent **1040 Tax Return or Letter of Non-Filing from the IRS**. You may obtain a Letter of Non-Filing by contacting the IRS at www.irs.gov or 1-800-9946.
- ✓ 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.

YMCA of Catawba Valley: Financial Assistance Application

Please complete the information below, attach the requested documentation, and return to the YMCA of Catawba Valley by emailing shellib@ymcacv.org or faxing to 828-324-2249. Balance of the allocation must be paid in full or an activated automatic draft plan.

PLEASE PRINT

Name of applicant: _____ DOB: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Are you currently a member of the YMCA of Catawba Valley? Yes No

Have you applied for financial assistance previously? Yes No

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

What is the total number of people supported by this income? _____

Which Childcare Program are you applying for? _____

YMCA Mission:

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

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Please list the dependents in the household:

Name	Age	Relationship

Monthly Income Summary

Wages, Salary, Tips: _____
Unemployment: _____
Child Support: _____
401k/Retirement: _____
Alimony: _____
Other: _____

Total (monthly):

Monthly Expense Summary

Rent/Mortgage: _____
Utilities: _____
Food: _____
Child Support: _____
Childcare: _____
Other: _____

Total (monthly):

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:

Signature _____ Date: _____

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