

# YMCA of Catawba Valley

Childcare Financial Assistance Application

Updated: 03/01/2025



**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 YMCA programs and services 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:

- ✓ Please attach a **denial letter** or **waitlist letter** from DSS to this application.  
**\*\*This is only applicable at Licensed Childcare Sites\*\***
- ✓ Please attach your most recent **1040 Tax Return** or, if you did not file taxes, a **Letter of Non-Filing** from the IRS and your last **four** pay stubs are required. You may obtain a Letter of Non-Filing by contacting the IRS at [www.irs.gov](http://www.irs.gov) or 1-800-908-9946.
- ✓ You may be awarded **25%-65%** off the full rate.
- ✓ 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.

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

## PLEASE PRINT LEGIBLY

**Name of Applicant:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **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 & Location are you applying for? \_\_\_\_\_



**Please list all 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 participation in YMCA programs, and any discrepancies in the financial documentation provided:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_