



Family YMCA of Marion and Polk Counties

2008-2009 Childcare Financial Aid Application

We build strong kids, strong families, strong communities

Applicant Information

Adult Applicant Name _____ Adult Co-applicant Name (List if resides in same household) _____
 Mailing Address _____
 Daytime Contact Ph # _____ Daytime Contact Ph # _____
 Email _____ Email _____

Income Information

Employer _____ Employer _____
 Monthly Gross Wages/Salary \$ _____ Monthly Gross Wages/Salary \$ _____
 Other Income \$ _____ Source(s) of Other Income: _____ Other Income \$ _____ Source(s) of Other Income: _____

TOTAL Monthly Household from ALL Sources \$

Other Information

Number of adults in household _____ Number of dependent children in household _____ ; ages: _____
 Have you ever received assistance from the YMCA? No Yes –If yes for when, and for what: _____

_____ Please check if you have included additional information, expenses, or special circumstances on an additional sheet.

Childcare Information

(List only the children needing YMCA childcare)

Child's Name	Birth Date	Care Site	Classroom	Schedule	Monthly Tuition Requested	
	/ /				\$	
	/ /				\$	
	/ /				\$	
<i>If necessary, list additional childcare needs on the back</i>					TOTAL Monthly Tuition Requested	\$

Acknowledgment

I certify that this information is true and complete to the best of my knowledge. I understand it is my responsibility to notify the YMCA regarding changes in my financial and/or membership status. I understand and agree the YMCA may make contacts to verify this information. I authorize employers and/or other income sources to release financial information to the YMCA. I also understand all information will remain confidential.

Applicant Signature(s): _____ Date _____

Admission to the Salem YMCA Family Services Programs are open to all children regardless of race, color, handicap, age, sex, religion or national origin.