

## **TRI-TOWN YMCA SCHOLARSHIP APPLICATION**

Please complete, sign, and return this to Tri-Town YMCA with the following supporting documentation:

- Copy of Child Care Assistance Program determination letter or printout of online calculator determination;
  - If you have not yet applied for the Child Care Assistance Program, please visit <u>https://ywcachicago.org/our-work/family-support-services/child-care-assistance-program/</u> On this page, there will be a link to an eligibility calculator <u>http://www.dhs.state.il.us/applications/ChildCareEligCalc/eligcalc.html</u>
  - Copy of most recent tax return and W2's; and,
  - If applicable, copy of most recent unemployment, TANF, social security, social security disability, child support, alimony, or other income paperwork.

HOUSEHOLD CONTACT INFORMATION						
Please include your contact information.						
Household Contact First Name			Household Contact Last Name			
Address			City, State, Zip Code			
Cell Phone	Home Phone	Other Phone, If applicable.	Email			

	General Information					Annual Income Details				
First Name	Last Name	Birthdate	Employment Check all that apply.	Place of Employment or School Name	Wages After Taxes or Unemployment	TANF Food Stamps	Social Security or Disability	Child Support or Alimony	Other	
			Student      Retired     Unemployed     Seasonal/Temporary     Full Time     Part Time		Ś	Ś	s	Ś	Ś	
			Student  Retired Unemployed Seasonal/Temporary Full Time  Part Time		\$	\$	\$	\$	\$	
			Student  Retired Unemployed Seasonal/Temporary Full Time Part Time		\$	\$	s	\$	\$	
			Student  Retired Unemployed Seasonal/Temporary Full Time Part Time		ş	\$	\$	\$	\$	
			□ Student □ Retired □ Unemployed □ Seasonal/Temporary □ Full Time □ Part Time		\$	\$	\$	\$	\$	
			□ Student □ Retired □ Unemployed □ Seasonal/Temporary □ Full Time □ Part Time		\$	\$	\$	\$	\$	

PROGRAM INFORMATI Please enter the information about	ON t the program(s) you are wishing to enroll into	o at Tri-Town YMCA.			
Child's First Name	Program	Site	Child's First Name	Program	Site
	<ul> <li>□ Y's Kids Before School Care</li> <li>□ Y'S Kids After School Care</li> <li>□ Y'S Kids School Day Off</li> <li>□ Y's Kids Summer Camp</li> </ul>	Ardmore Calvary North Schafer Usestmore		<ul> <li>□ Y's Kids Before School Care</li> <li>□ Y'S Kids After School Care</li> <li>□ Y's Kids School Day Off</li> <li>□ Y's Kids Summer Camp</li> </ul>	Ardmore     Calvary     North     Schafer     Westmore
	<ul> <li>Y'S Kids Before School Care</li> <li>Y'S Kids After School Care</li> <li>Y'S Kids School Day Off</li> <li>Y'S Kids Summer Camp</li> </ul>	<ul> <li>Ardmore</li> <li>Calvary</li> <li>North</li> <li>Schafer</li> <li>Westmore</li> </ul>		<ul> <li>Y's Kids Before School Care</li> <li>Y'S Kids After School Care</li> <li>Y's Kids School Day Off</li> <li>Y's Kids Summer Camp</li> </ul>	Ardmore Calvary North Schafer Westmore
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## **ADDITIONAL INFORMATION**

Please provide a brief background about why you are in need of a scholarship.

Have you been the recipient of a Tri-Town YMCA scholarship in the past?   Yes  No	Are you currently employed by Tri-Town YMCA or any other YMCA or YWCA?					
	No					
If approved for a scholarship, would you be willing to share a testimonial about how the scholarship supported your family? 🗆 Yes 🗆 No						

I agree that the aforementioned and the attached has been completed to the best of my knowledge. By submitting this paperwork, I understand that I and/or my child(ren)/ward(s) are not guaranteed a scholarship. I understand that if approved for a scholarship there will be additional paperwork that will need to be completed for program enrollment and that an approved scholarship is good for up to one year or as otherwise described.

Applicant's Signature

Date

OFFICE USE ONLY								
Database Entry Date	Determination	CEO Initials	Determination Letter Distribute Date	If Applicable, Entry into Registration Database	Database Enterer's Initials & Date			