

WATERTOWN FAMILY YMCA
SACC Department
Financial Aid Application

Parent/Guardian Name:	Phone:
Address:	City/State/Zip:

Household Members:

Name	Age	Relationship to Applicant	Name	Age	Relationship to Applicant
1.			5.		
2.			6.		
3.			7.		
4.			8.		

SACC Program Needs:

Name of Child	School	Contracted Days

Income (Monthly)			
Self:	Spouse/Partner's Name:		
Employer Name:	Employer Name:		
Gross Wages \$	Gross Wages \$		
Child Support Income: \$	Child Support Income: \$		
Other Income: \$	Other Income: \$		
Include copies of all household adult's income for the past month and last year's income tax returns.			
Expenses (Monthly)			
Rent/Mortgage:	Telephone:	Car Payment:	Utilities:
Cable TV:	Student Loan:	Groceries:	Others:

Are there special circumstances contributing to your need (Medical bills, etc.):

How much per month would you like to contribute toward your child care fees?	

Policy Statement

It is the policy of the Watertown Family YMCA to attempt to provide services to all those who need them, regardless of ability to pay the established fees. Those not able to afford our fees may be awarded full or partial assistance based on their demonstrated need.

Eligibility

- Any youth, adult, or family desiring to participate as a YMCA member or in a YMCA program may apply. Financial assistance will be granted on the basis of need as demonstrated by household income or extenuating circumstances. The federal poverty guidelines and DSS Childcare Subsidy availability will be used to help the YMCA determine eligibility.
- In most cases, applicants will be asked to pay a portion of the membership or program fee for which they are requesting assistance. This demonstrates the applicant’s desire for participation as well as nurtures a sense of ownership and pride in contributing to the cost of their YMCA involvement. Often, the applicant may include volunteer work at the Y as part of their payment.

Financial Assistance is made possible by charitable contributions to the Watertown Family YMCA’s annual Sustaining Campaign, through United Way funding and through the Jefferson County Youth Bureau.

I declare that I have accurately and completely given the information requested. I understand that this information is confidential and that I must inform the YMCA of changes in my income status. I understand that if granted a scholarship that payments will be made monthly through an automatic draft. I understand that should I fall behind on payments that the scholarship may be revoked. A new application must be completed each year and when there has been a change in circumstances or income.

Applicant’s Signature:		Date:	
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Scholarship:		Scholarship Term:	
Date Reviewed:		Reviewed By:	
		Senior Director:	