



CHILD CARE SCHOLARSHIP

We will be spreading our dollars out as best we can to serve as many families needing assistance in this difficult time.

Your Name:	Phone:
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Family Size:	Adults	Children
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What type of scholarships are you applying for today? Child Care Summer Camp (circle)

Recipients of Financial Aid	Age	Program
1		
2		
3		
4		
5		

Are any of the above current YMCA members?	Expiration Date
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Have you received Financial Aid for any other	Y	N	Which programs?
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Monthly Gross Income for all wages and salaries	\$
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Other Income (Public Assistance, child support, social security, food stamps)	\$
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Total monthly income (sum of above)	\$
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Household gross income for last year	\$
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Do you receive state assistance for child care?	YES	NO	amount:
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List extraordinary family expenses or circumstance by type and monthly amount.

Type	Amount
1	\$
2	\$
3	\$

Please explain why you would like to be considered for financial aid at the Eugene Family YMCA. (please include special circumstances)

Please list the programs you would like to participate in and why they are important to you.

EUGENE FAMILY YMCA

2055 Patterson Eugene OR 97405 541.686.9622 www.eugeneymca.org

We build strong families, strong kids, strong communities.

Application Agreement...

Child Care/Summer Camp Families	
<input type="checkbox"/>	Scholarship applications are available beginning in August (for school year) and April (summer camps). Families will need to apply at both of these times.
<input type="checkbox"/>	Scholarships are available on a first come first serve basis, according to need and availability of funds.
All Programs	
<input type="checkbox"/>	If payments are a month or more behind, the program will be cancelled. In this case, financial aid will not be available until the next renewal period.
<input type="checkbox"/>	I understand that the Eugene Family YMCA is able to offer Financial Aid to kids and families because of the support we receive from the community and the money paid by each financial aid applicant. I also understand that I am expected to pay the most I can pay to allow more people in the community to take advantage of the benefit receiving financial aid from the YMCA.
I have read and agree to the above.	
Signature	Date

Financial Agreement...

Regular Monthly Amount	Scholarship %	Scholarship Monthly Amount
Staff will fill this out.		

Staff Signature	
Signature	Date

Member/Parent Signature	
Signature	Date