



SCHOLARSHIP ASSISTANCE

Childcare Application

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Date Received

PERSONAL INFORMATION

Last Name: _____ First Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____
 Date of Birth: _____ Number of Adults in household: _____
 Marital Status: Single Married Separated Divorced Widowed

CHILDCARE

School Age Care Summer Camp
 Full Day Preschool Partial Day Preschool / Extended Care

MEMBERSHIP TYPE

1 2 3 4 Adult Household Young Adult (19-25)
 1 2 3 4 Adult + Children Youth (10-18) 1 2 Senior Household (60+)

PROGRAMS

Youth Sports Swim Lessons
 Martial Arts Other _____

HOUSEHOLD MEMBERS

(must be listed as dependents on tax return) (list additional members on a separate sheet of paper)

First Name: _____ Last Name: _____ DOB: _____ Relationship: _____
 First Name: _____ Last Name: _____ DOB: _____ Relationship: _____
 First Name: _____ Last Name: _____ DOB: _____ Relationship: _____

INCOME		EXPENSE	For Official Use Only
\$ _____	Gross Monthly Income - 1st Adult	\$ _____	Required Documentation Checklist: _____ Federal tax return _____ 2 Current Pay Stubs _____ Other Documentation _____ Personal Letter Staff Initials _____
\$ _____	Gross Monthly Income - 2nd Adult	\$ _____	
\$ _____	Child Support	\$ _____	
\$ _____	Aid to Dependent Children	\$ _____	
\$ _____	Welfare (submit copy)	\$ _____	
\$ _____	Food Stamps	\$ _____	
\$ _____	Unemployment	\$ _____	
\$ _____	Social Security / SSI Disability	\$ _____	
\$ _____	Retirement / Pension	\$ _____	
\$ _____	Alimony	\$ _____	
\$ _____	Other: _____	\$ _____	
\$ _____	Total Monthly Income	\$ _____	Total Monthly Expense
\$ _____	Annual Gross Household Income		

I certify this information accurately represents my total household income, and I do not have additional income not represented above. I understand I will be asked to provide proof of income and management may revoke the co-payment and require me to pay the full rate.

Print Name: _____ Date: _____
 Signature of Applicant: _____

For Office Use Only			
Childcare	Membership	Program	Household Numbers
Scholarship %	Scholarship %	Scholarship %	# of Adults
Expires	Expires	Expires	# of Children