

This form is to be filled out completely **ONLY** if you are requesting financial assistance for program fees for the 21st CCLC after school program during the 2009-2010 school year for children in grades 1-5



Titusville YMCA 21st CCLC Program 2009-2010 Financial Assistance Application

The following application is for financial assistance for program costs in the Titusville YMCA's 2009-2010 school year 21st CCLC program only. **ALL information and ALL copies of requested financial information MUST be included to have your application considered. All information supplied by you will be verified. Please answer all areas in the form below.**

Child(ren) Name(s) _____

Date of Birth _____ Elementary School _____ Grade _____

Parent/Guardian Name(s) _____

Address _____ City _____

Home Phone Number _____ Work Phone Number(s) _____

Employer _____

Spouse/Other Adult Employer _____

Income verification – Please provide copies of proof of income: pay stub with year-to-date earnings, W-2 tax return, etc.

Additional MONTHLY income amounts: ***(Supply copies as proof)***

Unemployment: \$ _____ SSI: \$ _____ Child Support: \$ _____

Food Stamps: \$ _____ Alimony: \$ _____ Housing Assistance: \$ _____

Other (please specify): _____

ALL questions must be answered completely, and all appropriate copies of documentation attached. If your application is approved, any change in your financial situation must be reported to us. If your application is approved, a payment, if applicable to your family situation, must be made within 5 days of your child(s) enrollment in the 2009-2010 21st CCLC after school program. Failure to do so may result in your child(ren) not able to continue in the 21st CCLC program. If your child(ren) are removed from the 21st CCLC after school program or voluntarily leave the program, the financial assistance will no longer be valid.

I attest that all of the information supplied here is accurate to the best of my knowledge. I grant permission for my application and financial information to be verified.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE – YMCA USE ONLY

Program Fee: _____ Assistance Approved \$ _____ Amount Due: \$ _____

Childcare Director Approval: _____ Date: _____

Project Director Approval: _____ Date: _____