



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SCHOLARSHIP ASSISTANCE APPLICATION

Please print and complete this application.

## SCHOOL AGE PROGRAM LOCATIONS:

<input type="checkbox"/> AZALEA	<input type="checkbox"/> BAYPOINT	<input type="checkbox"/> BEAR CREEK	<input type="checkbox"/> CAMPBELL PARK	<input type="checkbox"/> JAMERSON	<input type="checkbox"/> LYNCH
<input type="checkbox"/> MADEIRA BEACH ELEMENTARY	<input type="checkbox"/> MADEIRA BEACH MIDDLE	<input type="checkbox"/> MAXIMO	<input type="checkbox"/> MEADOWLAWN MIDDLE	<input type="checkbox"/> MELROSE	<input type="checkbox"/> MOUNT VERNON
<input type="checkbox"/> NORTSHORE	<input type="checkbox"/> NORTHWEST	<input type="checkbox"/> PERKINS	<input type="checkbox"/> PINELLAS CENTRAL	<input type="checkbox"/> PINELLAS PARK MIDDLE	<input type="checkbox"/> SAWGRASS
<input type="checkbox"/> SEXTON	<input type="checkbox"/> WESTGATE	<input type="checkbox"/> WOODLAWN			

SCHOOL AGE CHILD CARE:  Before and After School  Summer Camp DATE: \_\_\_\_\_

PARENT/ GUARDIAN NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ ALTERNATE PHONE: (\_\_\_\_) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

SPOUSE/ 2ND ADULT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ ALTERNATE PHONE: (\_\_\_\_) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

<u>CHILD(REN)'S NAME</u>	<u>AGE</u>	<u>DATE OF BIRTH</u>	<u>CHILD(REN)'S NAME</u>	<u>AGE</u>	<u>DATE OF BIRTH</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

GROSS MONTHLY INCOME	ADULT 1	ADULT 2	OTHER
EMPLOYMENT			
CHILD SUPPORT/ ALIMONY			
SSI /DISABILITY			
FOOD STAMPS			
OTHER			

❖ I would be willing to give/submit a testimonial telling how the YMCA has impacted me / my family:  Yes  No

❖ I would be willing to 'give back' and volunteer for the YMCA's annual Strong Kids Campaign which makes the scholarship program possible:  Yes  No

### READ & SIGN

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



**SCHOLARSHIP ASSISTANCE APPLICATION For School Age Child Care**  
(Before /After School Care in some area elementary schools) Rev. 3/2012

The YMCA of Greater St. Petersburg is a nonprofit organization committed to helping people reach their full potential in spirit, mind, and body. The funds available for scholarship assistance are made possible through the generous participation of our members, volunteers, and community donors in our annual fundraising campaign. The YMCA believes a strong sense of ownership and pride is developed when the recipient has contributed to the cost of their YMCA involvement; therefore, you will be asked to pay a portion of the fees.

The School Age Child Care dept. of this YMCA requires applicants to provide the information and documents listed below so the need for financial assistance will be accessed in a fair and consistent manner. All information will remain confidential. Most scholarships are granted on a strictly temporary status. You will be required to re apply when your financial need arises again. The longest length of financial assistance will be 12 months; the shortest, one month. Our funds for financial assistance are limited. Those who apply will be required to prove a need for before/after school care and camp. Applicants will be required to disclose household composition as well as the entire household financial income structure. The YMCA of Greater St. Petersburg SACC dept. reserves the right to accept or deny any application based on this information or the lack of required documentation. Priority will be given to active military\*, veterans and those families already receiving government assistance\*\*. However, all families in need are encouraged to apply. **The following documents are required:**

Three (3) current paystubs or a letter on letterhead from your employer indicating wages/hours.

Child Support documentation (or proof of registration with child support enforcement)

Any government assistance received such as SSI/SSD, food stamps, housing, cash assist

ALL ADULTS IN THE HOUSEHOLD MUST REPORT INCOME (and must provide recent tax return)  
Proof of child(ren) dependency is required.

Assistance is awarded only when parents prove they are working or in school (20+ hours weekly) during our program hours.

A letter from Coordinated Child Care stating that you are on their waitlist or denied from their program.

The application process must be done in person. You may contact the office for an appointment with the financial assistance specialist, **Betsy Lent @ #727-895-9622**. Provided applicants can produce all of the above documentation and/or a letter of circumstances regarding lack of documentation, the process can be completed in the first meeting. Scholarships will be subject to available resources. (\*military families will be required to apply for military reimbursement)(\*\* families receiving any other assistance with child care may be disqualified)

**Helpful links to resources:**

For child support documentation:

[www.myflorida.com/dor/childsupport](http://www.myflorida.com/dor/childsupport)

<https://childsupport.state.fl.us>

**Coordinated Child Care**

3600 Central Avenue, St. Petersburg

727-547-5700 Or contact:

Early Learning Coalition 727-400-4462