



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

<b>For Office Use Only:</b>				
DNQ	40%	35%	30%	25%
Declined	20%	15%	10%	
\$ _____ / _____				(#inH)

## CHILD CARE FINANCIAL 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"/> GULF BEACHES	<input type="checkbox"/> JAMERSON
<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"/> LYNCH	<input type="checkbox"/> NORTSHORE	<input type="checkbox"/> NORTHWEST	<input type="checkbox"/> PERKINS	<input type="checkbox"/> PINELLAS CENTRAL	<input type="checkbox"/> PINELLAS PARK M
<input type="checkbox"/> SAWGRASS	<input type="checkbox"/> SEXTON	<input type="checkbox"/> WESTGATE	<input type="checkbox"/> WOODLAWN	<input type="checkbox"/> SPEER ACADEMY	<input type="checkbox"/> BARDMOOR

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

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

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

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

**PHONE:** (\_\_\_\_) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**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
<b>EMPLOYMENT</b>			
<b>CHILD SUPPORT/ ALIMONY</b>			
<b>SSI /DISABILITY</b>			
<b>FOOD STAMPS</b>			
<b>OTHER</b>			

❖ 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. I certify that I do not have any outstanding balances with the YMCA of Greater St. Petersburg's Child Care Department.

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

\_\_\_\_\_  
**DATE**

## Child Care Financial Assistance Application

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. **This is NOT a FREE scholarship.**

The School Age Child Care dept. of this YMCA **requires** applicants to provide the information and current 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 are required:**

Three to four (3/4) 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. Students must provide schedule and Fin. Awards letter.

Provided applicants can produce all of the above documentation and/or a letter of circumstances regarding lack of documentation, it takes 2 weeks to process an application. 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)

Maximum award is 40% for School Age Programs and 25% for Preschool programs.  
\*\*Applicants with balances prior to approval will be disqualified.

### Helpful links to resources:

For child support documentation:

[www .myflorida.com/dor/chlidsupport](http://www.myflorida.com/dor/chlidsupport)  
<https://childsupport.state.fl.us>

**Submit to:**  
Julie Goudy or Marita Harris  
Child's Park YMCA — Child Care Dept.  
691 43rd Street South  
St. Petersburg, FL 33711  
727-895-9622 ext. 2230/2153 (P)  
727-894-0382 (F)  
JGoudy@stpeteymca.org  
MaritaHarris@stpeteymca.org