



Thank you for your interest in the Oshkosh Community YMCA Child Care Programs. In order to provide the best possible financial assistance to qualifying families, the Oshkosh Community YMCA Child Care Programs has implemented a policy requesting all families to first apply for financial assistance through the county or the state.

Please call 1-888-256-4563 for more information. In the event you do not qualify for State aid, the YMCA will need a denial letter before offering financial assistance. Please return the denial letter along with the Oshkosh Community YMCA Youth Care Services Financial Aid Request to:

Oshkosh Community YMCA
Youth Care Services
324 Washington Avenue
Oshkosh, WI 54901

It takes approximately two weeks to process completed applications and you will receive notification via mail. You will be responsible for any accrued fees.

Please continue to next page for the complete Financial Aid Request Form.



Oshkosh Community YMCA
Youth Care Services
Financial Aid Request

The Oshkosh Community YMCA, a member of the international YMCA, is an association of members, which shall develop and improve the spiritual, social, mental, and physical life of the community regardless of age, sex, race, religious preference or national origin. The YMCA carries out this mission through our commitment to accept and demonstrate the positive values of caring, honesty, respect, and responsibility.

The YMCA assists all parents in developing character in their children. The "Y" does its work through programs like Camp Winni-Y-Co, Youth Sports, Fitness, Child Care, Afterschool Programs, Summer Fun Club, Aquatics, Family Activities, and Member Services. These programs and memberships help all youth, adults, and families to care about their community, respect every person and to accept the responsibility of becoming healthy, active and productive citizens.

A Partnership:

The YMCA – The People of Oshkosh – The United Way

Oshkosh's generosity and support from individuals, corporations, foundations, and the United Way of the area makes this financial assistance program possible. Through the caring of neighbors, supporters, friends and other responsible members of our community, The YMCA and its annual Strong Kids Campaign is able to provide subsidized memberships and programs.

Our fees are determined through a cost analysis of all elements related to conducting our many programs and services. These fees are necessary to pay the costs of utilities, staffing, insurance and the many expenses required to operate a large community service organization. After these fees have been established, we find some people unable to completely pay for our services. The confidential request for financial assistance enables us to fairly and consistently provide assistance for everyone who needs it. This process will also enable the YMCA to accurately report to our community, donors, and the United Way how our donor funds are being utilized to their maximum.

Guidelines for the Financial Aid Program

Through community support and United Way funding, youth and family programs are subsidized and are generally affordable for all.

1. In order to best serve you, the financial aid request form must be completed and returned to the Oshkosh Community YMCA with all requested data. **THE REQUEST WILL NOT BE PROCESSED WITHOUT DOCUMENTATION.**
2. All applications are reviewed by the Program Director. The following information is used to make the decisions of who will receive financial assistance:
 - a) Review of financial aid forms and proof of income.
 - b) Size of family in household.
 - c) A sliding scale has been adopted to assist in the decision making. This scale is based upon federal poverty standards set by the federal government.
 - d) Personal interview, if needed.
3. Financial assistance is given for the length of the program. If you are receiving financial assistance, no other discounts will be given or can be applied to programs. If you received Child Care Assistance through the county or state you do not qualify for Financial Assistance through the YMCA.

4. Payments can be sent by check or dropped off at the YMCA. It is the applicant's responsibility to make each of the program payments they agreed to make. Failure to make these payments will result in termination from the program.

Financial Aid Application

Although the YMCA is a nonprofit agency, we depend on fees to help maintain our services. We are committed to serve people regardless of their income level, but we expect participants to pay a fee based on their financial ability. Contingent upon financial resources of the association and verification of application information, YMCA scholarships will be awarded to applicants.

The following form must be filled out completely. Please attach the required documentation and return to the YMCA. You will receive a notification letter regarding your application within two weeks. Applications received without documentation or that are incomplete will be returned to the applicant.

Applicant Name (name of person in program): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone _____ Age _____ DOB _____ Male/Female _____

1st Parent/Guardian Name: Last _____ First _____

Employer _____ Work Phone _____ Mo. Gross Income _____

2nd Parent/Guardian Name: Last _____ First _____

Employer _____ Work Phone _____ Mo. Gross Income _____

Number of adults living in the household: _____ Number of children living in the household _____

Names and ages of all members living in the household:

| Name | Age |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Income: If you answer yes to any of the questions below, please provide documentation.

- | | | | | |
|----|---|-----|----|----------------|
| 1. | Are you receiving Family Investment Program benefits? | YES | NO | \$ _____/Month |
| 2. | Are you receiving Food Stamps? | YES | NO | \$ _____/Month |
| 3. | Are you receiving Social Security benefits? | YES | NO | \$ _____/Month |
| 4. | Are you receiving Veteran's benefits? | YES | NO | \$ _____/Month |
| 5. | Are you receiving child support? | YES | NO | \$ _____/Month |
| 6. | Are you receiving spousal support? | YES | NO | \$ _____/Month |
| 7. | Are you employed? | YES | NO | \$ _____/Month |
| 8. | Is your spouse employed? | YES | NO | \$ _____/Month |
| 9. | Are you or your spouse receiving Unemployment Benefits? | YES | NO | \$ _____/Month |

Required documentation if applicable:

- ___ Copy of payroll check stub (for last 3 months) – 1st Parent/Guardian
- ___ Copy of payroll check stub (for last 3 months) – 2nd Parent/Guardian
- ___ Copy of most recent Federal Income Tax Return
- ___ Unemployment Card and checks stubs and statements
- ___ AFDC check stubs and statements
- ___ List of extraordinary expenses including court decisions and medical bills
- ___ Brief description of why you want YMCA financial assistance with statement to help determine assistance amount. Include financial, family and medical information or other facts relevant to your situation

Program Request (circle):

- Child Care
- Preschool Camp
- Kid's Club Before and After School
- Kid's Day Out
- Summer Fun Club
- Camp Winni - Y- Co
- Teen Adventure Program

Would you be willing to volunteer time for the YMCA? YES NO

If yes, what type of activities would you be interested doing? _____

If no, please explain _____

Amount you feel you are able to pay: \$ _____

In accordance with the YMCA policy, NO application will be considered without accompanying verification of income. We require IRS form 1040 and current Employer Status Report or Public Aid Disclosure. Please read the following:

I, hereby, certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA, in writing, of any change in information supplied in this application, such as income, address, living arrangement or other matters which might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can result in immediate revocation of scholarship privileges.

Parent/Guardian Signature

Date

OFFICE USE ONLY

Date application was received: _____

% of assistance _____

Comments: _____

Scholarship start date: _____

Scholarship expiration date: _____

Program Director Signature

Date