



## Greater Newburgh YMCA

### Financial Aid Application

377 Broadway  
Newburgh, NY 12550  
845-562-1088  
845-562-9172 fax  
www.NewburghYMCA.org



Dear YMCA Parent/Guardian:

Please note that funds that support the Greater Newburgh YMCA's programming from the United Way are available to all qualifying Orange County residents through a new application process with the Childcare Council of Orange County. In order to better serve our families, we ask that you fill out the enclosed packet and return it to our offices so that we may ensure a speedy response from the Childcare Council of Orange County.

The first four pages are restricted to Orange County residents Youth Programs (Before & After-School Childcare and Camp Robbins). If you intend to enroll your child(ren) in these programs, please complete this entire packet. If as a result you are denied funds or they are not enough to meet your family's needs, we will then be able to offer you the opportunity to receive assistance through our YMCA Funds.

**If you are not an Orange County resident or plan to enroll in camp or childcare, you may complete the last page (YMCA Financial Aid Form) only.**

Please be sure to provide all necessary information so that the processing of your application can be completed in a timely manner. If you've any questions regarding this new process, please feel free to call our offices at 845-562-1088.

**PLEASE RETURN ALL FORMS AND DOCUMENTATION TO:**

**Greater Newburgh YMCA  
377 Broadway  
Newburgh, NY 12550**

Sincerely,

Jennifer Rawlison  
Program & Camping Director

CHILD CARE COUNCIL OF ORANGE COUNTY, INC.

APPLICATION FOR CHILD CARE SCHOLARSHIP

**FOR PARENTS BETWEEN 201% AND 225% OF POVERTY LEVEL (STANDARD ATTACHED)**

PARENTS BELOW 200% SHOULD APPLY FOR CHILD CARE SUBSIDY (CALL 568-5252 FOR APPLICATION)

Date \_\_\_\_\_ Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ NY Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ NY Zip \_\_\_\_\_

Phone numbers where you can be reached \_\_\_\_\_

**List everyone who lives with you, even if they are not applying. List yourself first.**

First Name	M.I.	Last Name	Date of Birth	Social Security #	Sex	Does this child need care? Y/N	Relationship to you
							SELF

Do you need child care so you can work? Yes  No  If no, list reason child care is needed \_\_\_\_\_

*You may use the back page if you need more room or there is other information that you think we might need.*

**Enter all employment information for persons living in household identified above.**

Name: \_\_\_\_\_ Current Place of Employment (including self-employed): \_\_\_\_\_

*(If self-employed, list the name of your company)*

Is this a job with rotating shifts? Yes  No  Are you required to work overtime? Yes  No

List the Scheduled Days and Hours of Employment (e.g., Mon. through Fri. 8 a.m. – 4 p.m.): \_\_\_\_\_

Name: \_\_\_\_\_ Current Place of Employment (including self-employed): \_\_\_\_\_

*(If self-employed, list the name of your company)*

Is this a job with rotating shifts? Yes  No  Are you required to work overtime? Yes  No

List the Scheduled Days and Hours of Employment (e.g., Mon. through Fri. 8 a.m. – 4 p.m.): \_\_\_\_\_

Name: \_\_\_\_\_ Current Place of Employment (including self-employed): \_\_\_\_\_

*(If self-employed, list the name of your company)*

Is this a job with rotating shifts? Yes  No  Are you required to work overtime? Yes  No

List the Scheduled Days and Hours of Employment (e.g., Mon. through Fri. 8 a.m. – 4 p.m.): \_\_\_\_\_

NEW YORK STATE INCOME STANDARD

JUNE 1, 2009

<u>Family Size</u>	<u>200%</u>	<u>225%</u>
1	\$21,660	\$24,368
2	\$29,140	\$32,783
3	\$36,620	\$41,198
4	\$44,100	\$49,613
5	\$51,580	\$58,028
6	\$59,060	\$66,443
7	\$66,540	\$74,858
8	\$74,020	\$83,273

Add \$3,740 per person for any additional family size increase.

Income Sources	Yes	No	Monthly Gross Amount
Total Income from Employment above <b>ATTACH PAY STUBS FOR 4 MOST RECENT WEEKS FOR EACH EMPLOYMENT</b>			
Child Support Payments (received)			
Alimony/Support (received)			
Unemployment Insurance Benefits			
Social Security Benefits (including SSI)			
Disability Benefits (NYS, VA, Private)			
Rental/ Boarders/Lodgers Income (received from other adult(s) in household contributing to expenses)			
Other (please specify)			

**COMPLETE A SEPARATE FORM FOR EACH CHILD IN CARE**

Child Name	Date of Birth	Name of Child Care Program
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	Schedule of Child Care			Schedule of Child Care			Schedule of Child Care			Schedule of Child Care		
	Drop Off	Pick Up	Hours/Day	Drop Off	Pick Up	Hours/Day	Drop Off	Pick Up	Hours/Day	Drop Off	Pick Up	Hours/Day
Monday	AM	AM		AM	AM		AM	AM		AM	AM	
	PM	PM		PM	PM		PM	PM		PM	PM	
Tuesday	AM	AM		AM	AM		AM	AM		AM	AM	
	PM	PM		PM	PM		PM	PM		PM	PM	
Wednesday	AM	AM		AM	AM		AM	AM		AM	AM	
	PM	PM		PM	PM		PM	PM		PM	PM	
Thursday	AM	AM		AM	AM		AM	AM		AM	AM	
	PM	PM		PM	PM		PM	PM		PM	PM	
Friday	AM	AM		AM	AM		AM	AM		AM	AM	
	PM	PM		PM	PM		PM	PM		PM	PM	
Saturday	AM	AM		AM	AM		AM	AM		AM	AM	
	PM	PM		PM	PM		PM	PM		PM	PM	
Sunday	AM	AM		AM	AM		AM	AM		AM	AM	
	PM	PM		PM	PM		PM	PM		PM	PM	
Circle One	Total Hours Per Week			Total Hours Per Week			Total Hours Per Week			Total Hours Per Week		
	Provider Charge Per Hour/Day/Week			Provider Charge Per Hour/Day/Week			Provider Charge Per Hour/Day/Week			Provider Charge Per Hour/Day/Week		

How would receiving a child care scholarship benefit your family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail your completed application to the address below. Upon receipt of your application we will send a notice of the outcome to the Center/SACC Director, Group Family or Family Child Care provider. If a scholarship is approved a check will be sent to the program. Funding will be for a thirteen week period. At the ten week period, if you still need to be considered for a scholarship, please submit paystubs for four most recent weeks for yourself and any other employed persons living in your household to the Director of the program where your child is enrolled, or mail to the address below.

**READ THE IMPORTANT INFORMATION BELOW AND SIGN AND DATE**

CHANGES – I agree to inform the program where my child is enrolled and Child Care Council of Orange County, Inc. (CCCOC) immediately of any changes in my needs, income, living arrangements or address, child care arrangements, including where child care is provided, who is providing care, provider’s fees, and hours for which child care is needed.

CONSENT – I understand that by signing this application form, I agree to CCCOC confirming with my child care program(s), the enrollment and schedule. CCCOC shall have no liability under this agreement.

NON-DISCRIMINATION NOTICE – CCCOC will not discriminate against any applicant because of race, creed, color, sex, national origin, sexual orientation, age, disability, genetic predisposition or carrier status, or marital status.

Funding is based on availability of funds.

By signing below, I testify that all answers and documentation provided in this application are true to the best of my knowledge. I understand if false answers or documentation are given, I will be held responsible for repayment of the scholarship. I also certify I am in good standing with my child care provider.

PRINT APPLICANT/PARENT NAME	APPLICANT/PARENT SIGNATURE	DATE
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*Funding provided by United Way of Orange County*

## GREATER NEWBURGH YMCA FINANCIAL ASSISTANCE APPLICATION

Thank you for considering the Greater Newburgh YMCA's Financial Assistance Program. Before applying, please understand that funds are limited to and dispersed on a first-come, first-serve basis. This program is NOT intended to cover full tuition, but to assist those who qualify with a percentage or partial amount of the program costs. Please make sure to answer all areas and provide proof of all income, including a copy of your INCOME TAX RETURN. **Incomplete applications will NOT be processed until all information is provided. \*\*\* If you intend to register your child regardless of receiving financial aid, please submit the necessary deposits to hold your child's place in the program.**

Name of Applicant: \_\_\_\_\_  
 Name of intended participants/receiving funds: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Circle Program Applied for: Y-Scoop    Camp Robbins    Membership    Other: \_\_\_\_\_ Intended Start Date: \_\_\_\_\_  
 Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_ ext: \_\_\_\_\_

**Please list all household members & submit a copy of Income Tax Returns and FOUR Pay Stubs**

Name	Age	Relationship	Employed	Yes	No	MONTHLY INCOME
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**TOTAL MONTHLY INCOME \$**

Home Expense:     Own     Live Rent Free W/ \_\_\_\_\_     Rent W/ Monthly Payment of \$ \_\_\_\_\_  
 Do you Receive Section 8 or Housing Assistance?     No     Yes, How Much? \$ \_\_\_\_\_  
 Do you Receive D.S.S. Assistance?     No     Yes, How Much? \$ \_\_\_\_\_  
 Do you Receive Food Stamps?     No     Yes, How Much? \$ \_\_\_\_\_  
 Do you Receive Unemployment?     No     Yes, How Much? \$ \_\_\_\_\_  
 Do you Receive Disability?     No     Yes, How Much? \$ \_\_\_\_\_  
 Do you Receive Child Support / Alimony?     No     Yes, How Much? \$ \_\_\_\_\_  
 Do you Receive Social Security?     No     Yes, How Much? \$ \_\_\_\_\_  
 Do you Receive Foster Care Assistance?     No     Yes, How Much? \$ \_\_\_\_\_  
 Do you Receive Childcare Supplement or Assistance?     No     Yes, How Much? \$ \_\_\_\_\_

**If you answered "YES" to any of the above, please provide documentation to verify.**

Is there any additional information or special circumstances you feel we should know about? \_\_\_\_\_

**AGREEMENT** - I certify that the information provided is true to the best of my knowledge. I understand that: (a) the information is subject to review and verification; (b) only partial grants are given based on income eligibility; and (c) if it is found that information has been falsified or omitted, I may be prosecuted for fraud. I authorize the release of all stated information for the purpose of eligibility.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Return to: Greater Newburgh YMCA 377 Broadway, Newburgh, NY 12550**

Office Use ONLY  
 Status:     Approved     Denied     Incomplete    Program: \_\_\_\_\_  
 Yearly: \_\_\_\_\_ Household # \_\_\_\_\_    % Applicant \_\_\_\_\_ % YMCA \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_ CEO/President \_\_\_\_\_ Date: \_\_\_\_\_