

## COUNTRYSIDE YMCA CHILDCARE SCHOLARSHIP APPLICATION

LAST NAME		DATE OF APPLICATION	
FIRST NAME		CELL PHONE	
SIGNIFICANT OTHER		CELL PHONE	
MAILING ADDRESS			
CITY, STATE, ZIP		HOME PHONE	
Email Address			

**Please list all children in the household .**

Children - Full Name	M/F	Date of Birth	Need Care?
1			
2			
3			
4			
5			
6			

EMPLOYER

	Name	Address	Phone

SIGNIFICANT OTHER'S EMPLOYER

	Name	Address	Phone

To process your application, you must provide proof of income including the last 4  
paycheck stubs (all jobs), verification of child support, verification of court  
ordered garnishments, and a letter of financial hardship (hardship cases only).

I verify that all the above informaion is true. Falsification of information  
will lead to termination of assistance.

Signature	Date
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Authorized Signature	Date
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Approved

Denied