SCHOLARSHIP APPLICATION

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This is an application for:

- ◯ Early Start Community Preschool**
- ◯ Young Wonders Summer Day Camp*
- ◯ Counseling/Therapy Services
- ◯ Adult Wellness
- ◯ Membership

APPLICANT INFO (Person who is responsible for payment)	Name	Telephone	DOB	SSN
	Home Address	City	State	Zip Code
	If under 18, parent or guardian's legal name:			
	If applying for child, name and age of child to be enrolled:			

ALL PERSONS LIVING IN THIS HOUSEHOLD	Parent/Guardian/ Other Adult	DOB	Parent/Guardian/Other Adult	DOB
	Employer		Employer	
	Child	DOB	Child	DOB
	Child	DOB	Child	DOB
	Child	DOB	Child	DOB
	Other household occupants – Name/Age			

Do you have custody of child/children? YES NO
If not, name and telephone of custodial parent:

Please include income of all parents/guardians and attach documentation to support amounts listed below.
Applications will not be processed without documentation attached. Interview with applicant may be required.

Use Monthly Figures	Total Gross Wages	Child Support	SSI	Unemploy-ment	Retirement or Pension	Total
Adult						
Adult						
Children						
	TOTAL MONTHLY INCOME					

I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above. Upon request, I can supply additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact YWCA Carlisle immediately so assistance can be provided to others. I understand if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of applicant: _____ Date: _____

If applying for assistance for **Young Wonders Day Camp, please answer questions on reverse side.*

***If applying for Community Preschool, additional documentation will be required, including: income tax returns & W-2's, copies of paystubs, documentation of housing assistance and food stamps received.*

Scholarship Guidelines for Young Wonders:

- Tuition assistance will be provided only if income limits are not exceeded.
- Assistance will be granted on a week-to-week basis.
- No one child will receive a scholarship for the entire summer program.
- Tuition assistance is dependent upon funding available and is subject to change.

Additional Questions for Young Wonders Day Camp: (REQUIRED)

How many weeks of camp are you interested in? _____

Please explain why you should be considered for financial aid from YWCA Carlisle.
Indicate any special circumstances currently affecting your household finances (i.e. loss of job, medical expenses, debt, etc.).

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PLEASE NOTE: If YWCA Carlisle is **not** able to provide assistance for the **entire** weekly amount, you may be asked to contribute a partial payment of:

Flat fee	$25
40% of weekly fee	$60
50% of weekly fee	$74
60% of weekly fee	$89
80% of weekly fee	$118