



# Superior Douglas County Family YMCA Application for Childcare Financial Assistance



Through the generosity of many individuals, businesses, and United Way contributing to our Annual Support Campaign, the YMCA is able to offer financial assistance. If approved, you will be contacted by the Childcare Director in approximately two weeks. You may contact the Childcare Director at 715-392-5611 ext 101 with any questions.

## \*APPLICATION MUST BE PROCESSED BEFORE PROGRAM REGISTRATION\*

RETURN TO:  
SUPERIOR DOUGLAS COUNTY FAMILY YMCA, 9 N 21<sup>ST</sup> ST, SUPERIOR, WI 54880  
ATTN: CHILDCARE DIRECTOR

### PERSONAL INFORMATION- PLEASE PRINT CLEARLY

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Program \_\_\_\_\_

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### FINANCIAL INFORMATION

**\*List all MONTHLY income and assistance for the ENTIRE household.**

Income Monthly	Adult #1	Adult #2	Dependant #1	Dependant #2
Wages	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Snap Benefits	\$	\$	\$	\$
Section 8 Housing	\$	\$	\$	\$
Other	\$	\$	\$	\$

**IF YOUR FINANCES DO NOT ACCURATELY REFLECT YOUR CURRENT SITUATION, PLEASE EXPLAIN BELOW.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree that the financial information is true and complete to the best of my knowledge and I agree to provide documentation if requested.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

