



# SCHOLARSHIP APPLICATION

## Childcare Tuition Assistance

### The YMCA works best when everyone is included.

Helping people become the best they can be is what the YMCA is about. Everyday, the River Valley Regional YMCA works to promote the healthy development of children, to build positive behavior in teens, and to strengthen the families we serve. Since we've opened our doors, the YMCA has been committed to helping people grow in spirit, mind, and body.

The River Valley Regional YMCA welcomes all who wish to participate whether through membership, programs, or childcare. We believe no one should be denied the ability to participate based on their financial circumstances. Our Tuition Assistance is part of our Scholarship Program and provides support to families based on size and income. Assistance amounts are determined in a fair consistent manner.

**\*Tuition assistance reduces fees; it does NOT eliminate them.**

- Financial Assistance will be granted for 6 months.
- You must reapply semi-annually, with updated documentation.
- If your circumstances change making your scholarship unnecessary, contact our childcare staff.
- Childcare Fees are subject to increase when you reapply
- If you do not reapply at the time requested, you will be charged full fee for childcare

All Child Care Families must first apply through the ELRC for Subsidy, before applying for Tuition Assistance through the YMCA Scholarship Program. If you have already been denied subsidy, please provide the determination letter, along with the required documents below.

### FINANCIAL DOCUMENTS

Place a check mark in front of all sources of your monthly income: ☒

If you receive Monthly Income from:



Then you must include these Financial Documents with your application

☐ **EMPLOYMENT**



**Current Pay Stubs** amounting to one month of gross pay for each working individual in the household...  
**AND**

**Copy of Prior Year's Federal Tax Return** (form 1040). All scholarship applicants must provide this document. If you do not have a copy of your tax return, you can request one by calling the Internal Revenue Service at 800-829-1040 or visit their website at [ire.gov](http://ire.gov)

- ☐ CHILD SUPPORT
- ☐ ALIMONY
- ☐ UNEMPLOYMENT
- ☐ DISABILITY
- ☐ SOCIAL SECURITY
- ☐ FEDERAL/STATE AID
- ☐ MEDICAL AID
- ☐ RENT ASSISTANCE
- ☐ PUBLIC ASSISTANCE
- ☐ ANY OTHER INCOME



**STATEMENTS, PROOF OF EACH** showing amount of automatic monthly deposit for each source of income.

- **SSI/SSD Benefit Statement**
- **Earned Income Statement from SS**
- **Disability or Pension Doc (1099R)**
- **401k/403b retirement statement**
- **Unemployment check (last 4 weeks)**
- **Child Support/Alimony (court order)**
- **Public Assistance Benefit Statement**
- **Section 8 Statement**
- **Housing Assistance**
- **Utility Assistance**

Bradford County  
9 College Avenue  
Towanda, PA 18848  
570-268-9622

Eastern Lycoming  
50 Fitness Drive  
Muncy, PA 17756  
570-546-8822

Jersey Shore  
826 Allegheny Street  
Jersey Shore, PA 17740  
570-398-2150

Lock Haven  
145 East Water Street  
Lock Haven, PA 17745  
570-748-6727

Tioga County  
40-42 Besanceney Dr  
Mansfield, PA 16933  
570-662-2999

Williamsport  
641 Walnut Street  
Williamsport, PA 17701  
570-323-7134

OFFICE  
USE  
ONLY

|                      |              |                     |                 |
|----------------------|--------------|---------------------|-----------------|
| Childcare Weekly Fee | Scholarship% | Adjusted Weekly Fee | Additional Fees |
| Approved             | Date         | Applicant Notified  | Date            |

# TUITION ASSISTANCE APPLICATION\*

## Applicant Information

|  |         |                 |
|--|---------|-----------------|
| Name   |         |                 |
| Home address   |         |                 |
| City   | I State | I ZIP code      |
| Homephone (    )   |         | DOB(mm/dd/yyyy) |
| Email  |         |                 |
| If a child (under 18): Parent's or legal guardian's name |         |                 |
| Haveyou ever been convicted of a felony?                 |         | yes_ no         |

## All persons living in this household

| Please list all household members. | Date of Birth |
|------------------------------------|---------------|
| Parent/Guardian/Adult              |               |
| Parent/Guardian/Adult              |               |
| Child                              |               |
| Child                              |               |
| Child                              |               |
| Child                              |               |
| Child                              |               |
| Child                              |               |
| Other dependent (s)                | Age (s)       |

## Financial Resources

Please list all financial resources you and/or your family receive on a monthly basis. Documentation must be attached or the application will be returned to you.

|  | Adult #1 | Adult #2 | Children | Household Total |
|--|----------|----------|----------|-----------------|
| Total Gross Wages  |          |          |          |                 |
| Child Support Public   |          |          |          |                 |
| Assistance   |          |          |          |                 |
| Social Security Income   |          |          |          |                 |
| Social Security Disability   |          |          |          |                 |
| Unemployment   |          |          |          |                 |
| Alimony Retirement   |          |          |          |                 |
| Pension  |          |          |          |                 |
| Monthly Food Stamp Value HUD   |          |          |          |                 |
| (Section8)   |          |          |          |                 |
| Other Assistance (child care subsidy, federal/ state aid, medical aid, etc.) |          |          |          |                 |
| Total Monthly Income   |          |          |          |                 |
| Total Annual Income (Total Monthly Incomex12)                                |          |          |          |                 |

## Additional Information

|  |
|--|
| I want/need Tuition Assistance because:  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Please use this section to indicate any other information or extenuating circumstances that you feel were not included in this application. If you need more space, attach an additional piece of paper to the form. You may also be asked include a separate letter if necessary. |

\*How much can you contribute per month?\_\_\_\_\_

**\*ATTACH ALL APPLICABLE FINANCIAL DOCUMENTS AND TURN INTO THE RVR YMCA BRANCH YOU PLAN TO USE THE MOST.**

**This application must be renewed every 6 months!**

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. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, or if my income level increases, I will contact my YMCA childcare staff immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

|  |      |
|--|------|
| Signature of person completing this form | Date |
|--|------|