



# YMCA Before and After School Care Program Financial Assistance Application

School: \_\_\_\_\_

**Account Holder's Information:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I consent to receive emails from the YMCA regarding my financial assistance application.

**Please list children attending the program:**

\_\_\_\_\_  
\_\_\_\_\_

**Monthly Plan:**

- Full Time
- Part Time
- Kindergarten
- Pre-K
- Drop-in

The YMCA of Saskatoon believes the principle that those who are able to pay for programs should do so, but the inability to pay should not be a barrier to participation. Through the generosity of our donors, we are able to provide financial assistance to those who are unable, not unwilling, to pay for programming.

Special circumstances that should be taken into consideration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### Financial Information:

Please fill in all applicable information and attach verification of income. Income verification can include two months of paystubs or last years' tax assessment. Further proof of expenses may be required. The YMCA reserves the right to verify all claims. Please note that incomplete applications will not be processed.

### Income

### Expenses

\$ \_\_\_\_\_ Net Monthly Pay

\$ \_\_\_\_\_ Rent/Mortgage

\$ \_\_\_\_\_ Partner's Gross Monthly Pay

\$ \_\_\_\_\_ Transportation

\$ \_\_\_\_\_ Child Support/Alimony

\$ \_\_\_\_\_ Utilities

\$ \_\_\_\_\_ Social Assistance

\$ \_\_\_\_\_ Phone/Internet

\$ \_\_\_\_\_ Child Tax Benefit

\$ \_\_\_\_\_ Child Support

\$ \_\_\_\_\_ Employment Insurance

\$ \_\_\_\_\_ Medical

\$ \_\_\_\_\_ Other (Please Specify)

\$ \_\_\_\_\_ Food

\$ \_\_\_\_\_ Other (Please Specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_ **Total Monthly Income**

\$ \_\_\_\_\_ **Total Monthly Expenses**

**How much do you feel you can contribute monthly to your BASC fees?** \$ \_\_\_\_\_

Total Number of persons in household: \_\_\_\_\_

I hereby apply for financial assistance for the Before and After School Care program. The information I have submitted is, to the best of my knowledge, correct. I understand that submitting false or inaccurate information or failure to notify the YMCA of any changes to my financial situation may result in my termination from the financial assistance program.

**Account Holder's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please complete both sides of form*