



# John & Judy Wavro Scholarship Fund

Youth & Family Department

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The Kenosha YMCA welcomes requests for reduction of fees from individuals and families who would benefit from participation in the Youth & Family programs, but are limited in their ability to pay.

**Directions:** Please fill this form out completely. Processing will be delayed if any question is left incomplete. Allow 2 - 4 weeks for processing. Income verification & W-2 Declined notice must be attached. The Kenosha YMCA can only consider waiver/reduction of fees for families that do not qualify for child care assistance through the State of Wisconsin. To find out if you qualify for assistance, you must contact the Kenosha County Job Center at 262.697.4500.

**Return Scholarship Application to:** Kenosha YMCA / Rachel Burton / 7101 53<sup>rd</sup> St / Kenosha, WI 53144

Date of Application: \_\_\_\_\_

1. Parent: \_\_\_\_\_ Wk Ph: \_\_\_\_\_ Hm Ph: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

2. You must apply for W-2 assistance must prior to submitting application. When did you apply for child care assistance through WI Works at the Kenosha County Job Center? \_\_\_\_\_ Were you approved for W-2 assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Total number of people living in you household? \_\_\_\_\_

4. For grant purposes, please list the full names, ages, sex, and ethnicity (C=Caucasian, AA=African-American, H=Hispanic, BR=Bi-Racial, or O=Other) of all members of you household including yourself (ages need not be listed for adults) and a Y for Yes before each child who will be attending the program for which you are requesting waiver or reduction of fees.

Wish to Attend: Y or N Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: F or M Ethnicity: W, AA, H, BR, O School: \_\_\_\_\_

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Wish to Attend: Y or N Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: F or M Ethnicity: W, AA, H, BR, O School: \_\_\_\_\_

Wish to Attend: Y or N Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: F or M Ethnicity: W, AA, H, BR, O School: \_\_\_\_\_

5. For what program are you requesting fees to be waived or reduced? Dates needed reduction of fees: \_\_\_\_\_

Early Childhood Program  Before and After School Program, site: \_\_\_\_\_  Kids Day Out

Summer Camp, site: \_\_\_\_\_

**\*Scholarships are good for one program at a time. Will need to reapply when new programs begin.**

**Ex. Scholarship granted for BASP. Reapply for Summer Day Camp.**

6. Complete the chart below with times & days your child(ren) will be in care.

DAY	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Start Time</b>					
<b>End Time</b>					

7. Total annual gross income earned including child care support for all living in your household? \$ \_\_\_\_\_

8. You must supply at least **TWO DIFFERENT** items from the following list to verify the above amount of income upon submission of this request form. (Please supply copies, not originals!) & a *list of Monthly Expenditures compared to income.*

W-2 Form \_\_\_\_\_ Tax Return \_\_\_\_\_ SSI Check \_\_\_\_\_ Child support record \_\_\_\_\_

9. How much can you afford to pay for the time your child(ren) will be using the program? \$ \_\_\_\_\_ per week

I certify that all information provided to the Kenosha YMCA in this application for fee waiver or reduction is true. I understand that providing false information will make me ineligible for any participation in this organization. I understand that the decision to grant fee waiver or reduction is in the sole discretion of YMCA administration. The YMCA reserves the right to request additional supporting documents from applicant when necessary to complete application process.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

Effective Date:

Authorization: \_\_\_\_\_ Good Through:

Percentage Off: \_\_\_\_\_

Notes: \_\_\_\_\_

Notice to Site Coordinator:  Yes  No  NA

<b>Child</b>	<b>Program</b>	<b>Rate</b>	<b>Approved Rate</b>	<b>Value</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## 2012-13 - Number in Family and Poverty Level Income Threshold by Size of Family

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
10,830	14,570	18,310	22,050	25,790	29,530	33,270	37,010

**Gross Annual Income**

	15,200	60%							
4,611	19,811	52%	60%						
4,611	24,422	44%	52%	60%					
4,611	29,033	36%	44%	52%	60%				
4,611	33,644	28%	36%	44%	52%	60%			
4,611	38,255	20%	28%	36%	44%	52%	60%		
4,611	42,866	0%	20%	36%	38%	44%	52%	60%	
4,611	47,477	0%	14%	20%	28%	36%	44%	52%	60%
4,611	52,088	0%	0%	14%	20%	28%	44%	44%	52%
4,611	56,699	0%	0%	8%	14%	28%	36%	38%	44%
4,611	61,310	0%	0%	0%	8%	20%	36%	32%	36%
4,611	65,921	0%	0%	0%	0%	14%	28%	26%	28%
4,611	70,532	0%	0%	0%	0%	14%	28%	20%	20%
4,611	75,143	0%	0%	0%	0%	8%	14%	14%	14%