



Family YMCA of the Desert Financial Assistance Application Supplemental Questionnaire 2018-19

Please take a moment to answer the following questions in regards to your application for financial assistance. The responses obtained from this questionnaire will be used for data collection purposes only and will have no impact on a decision regarding financial assistance.

1. Will receiving Tuition Assistance make it easier for you to:
 - A. Accept a job? ___ Yes ___ No ___Not Applicable
 - B. Keep a job? ___ Yes ___ No ___Not Applicable
 - C. Accept a better job? ___ Yes ___ No ___Not Applicable
 - D. Attend education or training? ___ Yes ___ No ___Not Applicable

2. If unable to receive financial assistance, will you be able to enroll your child(ren) in our program at the full cost? ___ Yes ___ No ___Maybe

3. If unable to receive financial assistance, what other child care arrangements for your child are available (Check all that apply):
 - Unlicensed Child Care Facility
 - Babysitter
 - Home Daycare
 - Leaving the child with a family member or friend
 - Parent staying home with the child
 - Other: _____

Date: _____

For Staff Use Only:

Applicant Child(ren) Name(s)	a. _____ b. _____ c. _____
Site	
Enrolled ?	
Annual Income	
Gender of Child(ren)	a. _____ b. _____ c. _____
Hispanic (Yes or No)	
City of Residence	