

YWCA Data Collection Form Year 2024

Dear Parents/Guardians,

We need your help in completing this brief form for Young Star and grant applications; they both ask for proof that we serve families from varied ages, locations, genders and backgrounds. Thank you for your assistance.

Child's Name _____
First Last

YWCA Site _____

Parent's Name _____
First Last

Parent's Name _____
First Last

Please indicate if you receive any of the following assistance.

____ Public Housing ____ SNAP ____ SSI ____ TANF ____ WIC ____ None

Please indicate what geographical location you live in.

____ Janesville ____ Beloit ____ S. Beloit ____ Milton ____ Edgerton ____ Clinton

____ Evansville ____ Orfordville ____ Footville ____ Rockton ____ Roscoe

Other: _____

Please indicate the age of your child enrolled in the program.

____ 0-5 ____ 6-13 ____ 14-17

Please indicate the gender of your child enrolled in the program.

____ Male ____ Female Other: _____

Please indicate the ethnic background of your child enrolled in the program.

____ White/Caucasian ____ Black/African American ____ Hispanic/Latino ____ Asian

____ American Indian ____ Hawaiian Native or Pacific Islander ____ Multi-Racial

____ Unknown Other: _____