FINANCIAL ASSISTANCE PROGRAM

**WHO MAY APPLY**

Application for Financial Assistance may be made by anyone wishing to participate in a Youth Center program but who are unable to afford the full program costs. **Applicants must reside within the service area of the Youth Center.** The service area of the Youth Center is commonly defined as the boundaries of the Los Alamitos Unified School District which includes Los Alamitos, Rossmoor and Seal Beach. Those families living outside the service area but having children attending school within the district (including private school) are also eligible to apply.

**HOW TO APPLY**

Complete this Application for Financial Assistance. All questions must be answered. **Incomplete applications will not be accepted for consideration.**

Return the completed application along with the following required documentation:

- A copy of the most recent available State and Federal Income Tax Returns,
- Copy of a recent paycheck stub, and
- If applicable, verification of disadvantaged status. The verification may take the form of a medical sticker or card, written confirmation of CalWORKS, AFDC, TANF, Cash Aid or unemployment status, etc.

**DETERMINATION OF ASSISTANCE**

Financial Assistance is granted based on three factors:

1. Family Gross Income;
2. Special Family Circumstances (excessive medical bills, support payments, etc.); and
3. Availability of Financial Assistance Funds.

Financial Assistance Applications are accepted and reviewed on an ongoing basis. Families granted Financial Assistance are encouraged to earn a portion of the program fees by volunteering in various Youth Center funding activities.

**FURTHER INFORMATION**

The Youth Center
10909 Oak Street - Los Alamitos, CA 90720 / (562) 493-4043 / (562) 596-4747 Fax / [www.TheYouthCenter.org](http://www.TheYouthCenter.org)

The Youth Center is a private, non-profit, United Way partner agency serving the children and families of Los Alamitos, Rossmoor, Seal Beach and surrounding communities since 1952.

**FALSIFICATION OF INFORMATION MAY RESULT IN THE REMOVAL OF YOUR CHILD FROM YOUTH CENTER PROGRAMS AND/OR CANCELLATION OF FINANCIAL ASSISTANCE.**
Do you currently receive Youth Center Financial Assistance?  o Yes  o No

Program(s) for which you are requesting Financial Assistance:
o Day Camp  o Teen Camp  o Music  o Kids Night Out  o Other ________________________

Child(ren) who wish to attend the program:
1st Child  ___________________________  Age: ___  Grade: ___  Sex: o M  o F
2nd Child  ___________________________  Age: ___  Grade: ___  Sex: o M  o F
3rd Child  ___________________________  Age: ___  Grade: ___  Sex: o M  o F
4th Child  ___________________________  Age: ___  Grade: ___  Sex: o M  o F

Street Address: ___________________________  City: _______________  Zip: _______

Cell Phone: (    )_____________  Email: ________________________________

Father’s Name: ________________________________
Father’s Employer: ___________________________  Phone: (    )_____________

Mother’s Name: ________________________________
Mother’s Employer: ___________________________  Phone: (    )_____________

Household Size: (Include everyone residing within the home.)
(a) Total Number of Children in the Household: _____
(b) Total Number of Adults in the Household: _____
(c) Total Household Size (a + b): _____

Are adults other than the parents living in the household?  o Yes  o No
If yes, please explain: ___________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Do you receive any form of State/Federal Aid, Food Stamps or Medical Aid?  o Yes  o No
If yes, state which: ________________________________  Case #: _______________
**FINANCIAL INFORMATION:**

**INCOME** (Include income from *every* member of the household)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Gross Wages</td>
<td>$ ________</td>
</tr>
<tr>
<td>Monthly Child Support</td>
<td>$ ________</td>
</tr>
<tr>
<td>Monthly Alimony</td>
<td>$ ________</td>
</tr>
<tr>
<td>Monthly Public Assistance</td>
<td>$ ________</td>
</tr>
<tr>
<td>Other monthly income (Describe Below)</td>
<td>$ ________</td>
</tr>
<tr>
<td><strong>Total Monthly Income</strong></td>
<td>$ ________</td>
</tr>
</tbody>
</table>

**EXPENSES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly House Payment/Rent</td>
<td>$ ________</td>
</tr>
<tr>
<td>Monthly Auto Payment</td>
<td>$ ________</td>
</tr>
<tr>
<td>Monthly Credit Card Payments</td>
<td>$ ________</td>
</tr>
<tr>
<td>Monthly Child Support Payments</td>
<td>$ ________</td>
</tr>
<tr>
<td>Monthly Alimony Payments</td>
<td>$ ________</td>
</tr>
<tr>
<td>Monthly Medical Expenses</td>
<td>$ ________</td>
</tr>
<tr>
<td>Monthly Insurance Expenses (Auto, Home, Medical, Life, etc.)</td>
<td>$ ________</td>
</tr>
<tr>
<td>Monthly Utilities</td>
<td>$ ________</td>
</tr>
<tr>
<td>Monthly Food Expenses</td>
<td>$ ________</td>
</tr>
<tr>
<td>Monthly Entertainment, Clothing, etc.</td>
<td>$ ________</td>
</tr>
<tr>
<td>Monthly Child Care Expenses</td>
<td>$ ________</td>
</tr>
<tr>
<td>Other Monthly Expenses (Describe Below)</td>
<td>$ ________</td>
</tr>
<tr>
<td><strong>Total Monthly Expenses</strong></td>
<td>$ ________</td>
</tr>
</tbody>
</table>

Notes:  
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Please use the following space to explain any circumstances that might help us understand your financial assistance needs:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

DECLARATION

I hereby declare that the information provided in and with this application is accurate. I agree to supply the Youth Center with any additional information that may be required. I understand that falsification of information will result in discontinuation of service and/or removal of my child from Youth Center programs.

____________________________________
Signature of Parent/Guardian

Date

For Office Use Only

Program: ________________  Full Fee: $_______  Date Received: __________

Missing Information: □ Fed Tax  □ State Tax  □ Pay Stub  □ Other: ___________

Additional Information Required: ________________________________________________

Comments: ____________________________________________________________________

______________________________________________________________________________

Financial Assistance Calculations