

FINANCIAL ASSISTANCE PROGRAM

Last Name of Parent/Guardian: _____
Child(ren's) Name(s): _____
Program (Camp, Music, etc.): _____ Date: _____

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 CalWORKSs, AFDC, TANF, Cash Aid or unemployment status, etc.

This application will not be considered unless submitted with the required documentation.

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

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.

OFFICE USE ONLY

Award: _____% Approval: _____

Do you currently receive Youth Center Financial Assistance? Yes No

Program(s) for which you are requesting Financial Assistance:

Day Camp Teen Camp Music Kids Night Out Other _____

Child(ren) who wish to attend the program:

1st Child _____ Age: _____ Grade: _____ Sex: M F

2nd Child _____ Age: _____ Grade: _____ Sex: M F

3rd Child _____ Age: _____ Grade: _____ Sex: M F

4th Child _____ Age: _____ Grade: _____ Sex: M 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? Yes No

If yes, please explain: _____

Do you receive any form of State/Federal Aid, Food Stamps or Medical Aid? Yes No

If yes, state which: _____ Case # _____

FINANCIAL INFORMATION:

INCOME (Include income from every member of the household)

Monthly Gross Wages	\$ _____
Monthly Child Support	\$ _____
Monthly Alimony	\$ _____
Monthly Public Assistance	\$ _____
Other monthly income (Describe Below)	\$ _____
Total Monthly Income	\$ _____

EXPENSES

Monthly House Payment/Rent	\$ _____
Monthly Auto Payment	\$ _____
Monthly Credit Card Payments	\$ _____
Monthly Child Support Payments	\$ _____
Monthly Alimony Payments	\$ _____
Monthly Medical Expenses	\$ _____
Monthly Insurance Expenses (Auto, Home, Medical, Life, etc.)	\$ _____
Monthly Utilities	\$ _____
Monthly Food Expenses	\$ _____
Monthly Entertainment, Clothing, etc.	\$ _____
Monthly Child Care Expenses	\$ _____
Other Monthly Expenses (Describe Below)	\$ _____
Total Monthly Expenses	\$ _____

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
