

Youth Enhancement Fund Application

Please complete all requested information in its entirety and attach documentation of registration for each child for which assistance is being requested. Documentation must include cost of registration and the provider of the activity. Applications will not be reviewed until all required documentation is provided.

Parent/Guardian _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____ Email _____

Child _____ Gender _____

School _____ Date of Birth _____

Activity _____ Location _____

Registration Cost \$ _____ Activity Start Date _____

Child _____ Gender _____

School _____ Date of Birth _____

Activity _____ Location _____

Registration Cost \$ _____ Activity Start Date _____

Federal Poverty Guidelines (Monthly Amounts)

Family Size	2	3	4	5	6	7	8
200%	\$2,655	\$3,348	\$4,041	\$4,735	\$5,428	\$6,121	\$6,815

For each additional family member add \$693.00

By signing below, I certify that my household's income does not exceed the monthly amounts provided above, and therefore we are financially eligible to receive assistance under this program.

Parent/Guardian Signature _____ Date _____

Referred by (if applicable) _____ Date _____