



Community Youth Center
 2241 Galaxy Court
 Concord, CA 94520
 Tel: (925) 671-7070
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 www.communityyouthcenter.org

Scholarship Application

NEW APPLICATION

RENEWAL

STUDENT INFORMATION

Student's Name: _____

Parent/Guardian(s): _____

Address: _____

City: _____

State: _____

Zip
code: _____

Telephone #: () _____

Work Telephone #: () _____

Cellular Telephone #: () _____

Email: _____

APPLICATION QUESTIONNAIRE:

- 1) Is your financial situation permanent? Yes No
- 2) Are you a single or multiple income family? Single Multi
- 3) Have you attached a copy of proof of income? Yes No

***For scholarship consideration you must include proof of income to be considered.
 If multiple family income, all income copies for each provider must be attached.***

- 4) Do you own or rent your place of residence? Please check one. Own Rent
- 5) What is your total income per year? \$ _____

For scholarship consideration you must include your total household income per year (actual \$ amount.)

- 6) Please list your occupation and employer? _____
 Spouse occupation/employer? _____

- 7) Do you receive income from any other source (i.e. child support, welfare, etc)? Yes No
- 8) Does your child receive free or discounted lunches at school? Yes No

- 9) How many dependants under the age of 18 do you have living in your household?
 a) Do you have and dependents **not** living with you? Yes No
 b) How many? _____

- 10) What CYC fees are you requesting financial assistance with?
 a) Monthly dues
 b) Special events/Summer Camps
 c) Other

If other, please explain.

- 11) How much of the required fee could you pay? \$ _____

APPLICATION QUESTIONNAIRE Continued:

12) Please briefly describe why you are in need of scholarship.

13) Would you be willing to volunteer at the CYC?

If no, please explain:

If yes, please let us know any particular areas you can help:

Note: All information will be kept confidential. CYC reserves the right to terminate scholarships at any time.

TERMS OF THE CYC SCHOLARSHIP POLICY

The CYC scholarship committee meets once a week on scholarship decisions. **The CYC reserves the right to discontinue a scholarship at any time.** Partial scholarships may be awarded based on the decision by the CYC scholarship committee. Scholarships will normally be reviewed on an annual basis.

I the applicant have read and agree to the TERMS OF THE CYC SCHOLARSHIP POLICY; I request that I be placed on scholarship status. Everything I have stated in this application is true and correct. I understand that CYC will retain this application. CYC is authorized to check my credit and employment history and to answer questions about CYC credit experience with me.

Parent/Guardian Signature

Date (Month/Day/Year)

Name of Parent/Guardian (Please Print)

FOR CYC ADMIN USE ONLY

Application Questionnaire Complete Incomplete

If Incomplete – what is missing: _____

Date Received Missing Info: _____

Applicant Approval Level Full Partial Denied

Applicant Approval For Monthly dues Special Events/Summer Camps Other

Date Reviewed: _____

Any Additional Notes: _____

Phone Call Letter Spreadsheet CSI