



OPRYD FINANCIAL ASSISTANCE APPLICATION

FINANCIAL ASSISTANCE IS RESERVED FOR YOUTH RESIDENTS OF OAKLAND WITH DEMONSTRATED FINANCIAL NEED

Activity Name	Activity Date	Activity Fee	Amount Requested	Subsidy Given	Balance Due
				Total:	

Child's Name _____ /____/____
First Middle Last Birth Date Age

Parent/Guardian _____
First Middle Last Relationship to Child

Phones _____ Email _____
Home Work Cell

TOTAL Yearly Household Income: \$_____ Amount of Assistance Requested: \$_____

Number of Household Members Supported by this Income: _____

WHY DO YOU NEED FINANCIAL ASSISTANCE FOR THIS PROGRAM?

X _____ Signature of Parent/Guardian	_____ Date
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PLEASE BRING IN OR INCLUDE A PHOTO COPY OF THE FOLLOWING:

1. Activity Registration Form

2. One of the following to show your need for financial assistance:

Food Stamp Card/A.F.D.C W-2 Form Pay Check Stub Unemployment Disability or Other _____

3. One of the following to show your Oakland Residency:

California ID Card, Driver's License, Utility Bill or Other _____

Rec'd By: _____	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Scholarship amount: \$ _____
		<input type="checkbox"/> Denied	<input type="checkbox"/> Reason/s Denied _____
Oakland Residency checked by: _____ (<input type="checkbox"/> California ID Card, <input type="checkbox"/> Driver's License, <input type="checkbox"/> Utility Bill or <input type="checkbox"/> other _____)			
Proof of need checked by: _____ (<input type="checkbox"/> Food Stamp Card/AFDC <input type="checkbox"/> W-2 Form <input type="checkbox"/> Pay Check Stub <input type="checkbox"/> Unemployment <input type="checkbox"/> Disability)			
Notes: _____			
