



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

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

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