



YOUTH SUBSIDY REQUEST FORM

Youth Name: _____

Use this form for requesting access to the Town of Yountville Youth Program Subsidy Fund. The Request must be complete, with all required information provided before acceptance of application. Not all requests can be honored. You will be notified promptly of the Town's ability to grant this request. Consideration will be given on a quarterly basis with maximum of \$200/youth/quarter.

Parent Name: _____
 Parent Address: _____
 Youth Address: _____
 City, Zip: _____
 Email: _____
 Home Phone: _____ Work Phone: _____

Office Use Only

Date Requested	Description of Activity	Amount of Activity	Amount of Subsidy Requested	Subsidy Amount Granted	Amount due by parent for activity	Total
Column Totals						

Subtotal	
Amount paid by YSF	
Amount paid by Parent	
Total due	

Parent Signature: _____ Date: _____

Office Use Only

Town of Yountville
 6516 Washington Street
 Yountville, CA 94599

Phone: 707-944-8712
 Fax: 707-944-1596

Quarterly	Youth Subsidy	Parent Payment	Total
1 Jan-Mar-\$200			
2 Apr-Jun-\$200			
3 July-Sept-\$200			
4 Oct-Dec-\$200			
Total			

- AFDC
- Free or reduced school lunch program
- Food stamps
- Foster child
- Below median income
- Documented financial hardship
- Commission meeting letter

Comments: _____

Approved by: _____
 Administrative Assistant Date
 Approved by: _____
 Parks & Recreation Director Date
 Approved by: _____
 Finance Director Date

