

# MISSOURI YMCA YOUTH AND GOVERNMENT 2017 FINANCIAL ASSISTANCE APPLICATION

## OVERVIEW

The Youth and Government program fee is \$230. YAG offers financial assistance ranging from \$50 to \$230. **Applications are due to the State Office by September 25, 2017.** Applications received after this date will be considered only if funding remains available. If an application is approved, the student's advisor will be notified of the remaining balance owed to YAG.

Please note that only **fully complete** applications will be considered.

## SCHOLARSHIP CRITERIA

1. Scholarship recipients and their family must be in need of financial assistance, without which they would not be able to participate in Youth and Government.
2. Applicants should familiarize their advisors with their financial circumstances and inform them that the State Office may contact them for more information.
3. Applications will be reviewed by September 30, 2017. Decisions are based on this application and input from local advisors.
4. Advisors will be notified of a decision on October 2, 2017.
5. All applications must be signed by both the applicant and their parent/guardian.

**Missouri YMCA Youth and Government has limited funds to allocate for financial assistance. The State Office attempts to support as many students as possible with these funds, and to allocate funds in a fair manner. Please be honest with the answers you provide to the questions below to enable us to make informed decisions in the allocation of funds.**

Name:
Delegation/School:
Amount of financial assistance requested: <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$230 Other \$_____
Current annual income for applicants household:
Number of children in the household, including the applicant:
On the back of this form, or on a separate sheet of paper, answer the following questions in detail: <ol style="list-style-type: none"><li>1. Why do you want to participate in Missouri YMCA Youth and Government? What do you hope to gain from your participation?</li><li>2. Why are you requesting financial assistance?</li><li>3. Who will be paying the remainder of your program fee – you, parents, others?</li><li>4. Is there any other information that the State Office should be aware of?</li></ol>

---

Signature of Student

Signature of Parent/Guardian