



# young entrepreneurs business week

www.yebw.org

## FINANCIAL ASSISTANCE APPLICATION

To be completed by the parent/guardian. Please type or print legibly.

**YEBW** is a 501 (c)(3) non-profit organization. Our goal is to ensure that every student is given the opportunity to attend the program.

Financial assistance is available to families who cannot afford the full tuition fee. Please complete both sides of the financial assistance application. Download the Student's Guide to Community Fundraising and student sponsorship forms from the website. Do not forget to indicate on your financial assistance application how much money you will raise independent of your financial aid package. If you are applying for financial assistance after May 10, please contact our office. Please mail your completed financial assistance application with your application for acceptance.

Parent's Last Name                      First Name                      Middle

Student's Last Name                      First Name                      Middle

Address

City    State    Zip

State County                      Age                      Country of Birth

(Area Code) Phone Number                      (Area Code) Cell Phone

E-mail

High School Name

**In order to expedite the review of your financial assistance application please indicate the following:**

Indicate total monthly household income before taxes (excluding the applying student's income):  
 Under \$2000    \$2000-\$3000    \$3000-\$4000    \$4000-\$5000

Total number of dependents under parent/guardian: \_\_\_\_\_

**Type of School:**

- Public                                       Private                                       Charter
- Parochial/Faith Based                       Rural                                       Home
- Other \_\_\_\_\_

**Does your student qualify for a school lunch program?**

- Yes     No

**Indicate your student's employment status:**

- Year Round                       During School Breaks                       Not Employed

**Indicate your student's income:** \_\_\_\_\_

How much money do you plan on raising independent of your financial aid package? \_\_\_\_\_

What is the maximum amount that you and your family can contribute?

- \$495                       \$295                       \$195                       \$\_\_\_\_\_

Confidentiality Statement: All information received by YEBW will remain strictly confidential. Applying for financial assistance does not affect the decision for admission to YEBW programs.

**Describe any circumstances that have put financial pressure on family's ability to pay the full commitment fee:**

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I hereby acknowledge that all the included information is truthful and accurate to the best of my knowledge. I understand that falsification of any information regarding my financial status will disqualify my child from receiving financial aid.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_