



Financial Assistance Application for CYLA

Event: _____ Event Date: _____

County: _____

Youth Name	Parent Name	Amount Requested	Received Previous Assistance? Y/N
Total Requested:			

Signature of County Extension Staff Member: _____ **Date:** _____

Print Name: _____

Extension staff member will be notified of funding received. Youth & parents will not receive any communication.

For Office Use: Amount Funded: \$ _____ Approved by: _____ Confirmation Letter Sent: _____