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 the entire 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 registration.

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: _____

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

☐ $495 ☐ $295 ☐ $195 ☐ $_____

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

How much financial aid assistance are you requesting?

_____

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 hearby 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