

County of Los Angeles Department of Children and Family Services YOUTH DEVELOPMENT SERVICES

3530 Wilshire Blvd, 4th Fl., Los Angeles, California 90010 **(213) 351-0101**

School Stamp or Seal

Senior Expense Application 2020-2021 Academic Year

| Dear Graduating Senior: | |
|---|---|
| senior expenses such as pictures, cap activities. Please fill in the appropria Once completed, <i>mail/email or hand</i> -paperwork promptly, because Youth | graduate by June 30, 2021, \$500.00 financial assistance is available toward you and gown, yearbook, the prom, grad night and/or any other senior year relate information and have your school counselor complete the remaining portion deliver this form to me as soon as possible. It is important that you submit you Development Services (YDS) checks can take 1 to 3 weeks to process. YDS tant achievement in your life! Please note all applications must be received |
| | |
| Youth Development Services, Transition (ILP) | Coordinator Phone Number/Email |
| Address: | |
| To be completed by the graduating | ng student: |
| Name: | SS#: XXX- XX Birth Date: |
| Address: | |
| Gender: ☐ Male ☐ Female ☐ Transgen | City State Zip Code der Female □ Transgender Male □ Non Binary □ Unsure □ Intersex |
| Phone#: | Cell#: |
| E-mail Address: | |
| Name of your social worker: (if applicable | Cell #: |
| Is your cumulative GPA {9th 10th, 11th grad | le, and Fall semester of 12 th Grade} a 2.8 or higher ? □Yes □No |
| If YES, you are eligible to apply for a sepa | arate scholarship. Ask your ILP Coordinator about Celebration 2021! |
| Student Signature: (By signing here you are requesting ILP so | Date:ervices for high school graduation expenses) |
| Γο be completed by the school σ | counselor (This form must have the unofficial transcript and |
| school stamp/seal attached): | |
| Is this student on track to graduate by June | e, 2021? If NO, what is the student's expected graduation date? |
| Student's Cumulative GPA (overall GPA | from 9 th grade up to and including Fall semester of 12 th grade) |
| This student has credits toward | ls graduation and is taking credits this semester. |
| Counselor's Name (print): | Date: |
| Counselor's Signature: | Phone #: |
| Name of High School: | Address |

This form must have a school stamp or seal (top right corner of this form)!