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

1933 S. Broadway Street, 6th Fl., Los Angeles, California 90007
(213) 763-6600

Youth Development Services

Legible School Stamp or Seal

ILP Senior Expense Form
2025-2026 Academic Year

Date:_____

Dear Graduating Senior:

If you are ILP eligible and on track to graduate by **June 30, 2026, $800.00** financial assistance is available towards your senior expenses such as pictures, cap and gown, yearbook, the prom, grad night and/or any other senior year related activities. Please fill in the appropriate information and have your school counselor complete the remaining portion. Once completed, ***mail/email or hand-deliver*** this form to me as soon as possible. It is important that you submit your paperwork promptly. YDS is happy to help you celebrate this important achievement in your life! **Please note all applications MUST be received by March 31, 2026.**

Sincerely,

_____ (_____) _____ - _____/_____
Youth Development Services, ILP Coordinator — Phone Number/Email

DCFS Office: _____(include address for USPS mail)

To be completed by the graduating student (Please Print Legibly):

Name: _____ SS#: XXX XX _____ Birth Date: _____

Gender: ☐ Male ☐ Female ☐ Transgender Female ☐ Transgender Male ☐ Non Binary ☐ Unsure ☐ Intersex

Address: _____ City _____ State _____ Zip Code _____

Phone#: _____ Cell#: _____

E-mail Address **(Personal not school email address)**_____

Name and phone # of CSW/DPO (if applicable): _____

Student Signature: _____ **Date:** _____

Remember to ask your ILP Coordinator about the ILP Graduation Celebration and ILP Scholarship Extravaganza!

To be completed by the school counselor **This form must have the unofficial transcript and school stamp/seal attached):** Is this student on track to graduate by June, 2026? _____ If "NO", what is the student's expected graduation date? ____

Student's Cumulative High School GPA _____ This student has _____ credits towards graduation and is taking _____ credits this semester. This youth is AB216 (X, if applicable) _____

Name of High School: _____

High School Address: _____

Counselor's Name (print): _____ Date: _____

Counselor's Email Address: _____

Counselor's Signature: _____ Phone #: _____

Revised 9/05/2025

"To Enrich Lives Through Effective and Caring Service"

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