



Tuition Assistance Application

The Carmel Youth Center offers a tuition assistance program for families who qualify. Qualifications are primarily based on the number of household members and total household income. Total amounts of tuition assistance is primarily based on the [2023 State of California Income Limits](#) for Monterey County. The Carmel Youth Center does take into consideration excess costs that would affect the household's daily income, i.e. medical bills and legal fees. Documentation must be provided to complete the application. See below for a list of required and optional documents. The application review process may take up to 14 days. Please send all completed applications to our Executive Director, Sherilyn Napoli by email, Sherilyn@carmelyouth.org or by mail, P.O. Box 2399, Carmel by the Sea, Ca 93921. The Tuition Assistance Application must be completed for each individual program, each calendar year.

Eligible Programs:

- After School Program
- School Break Camp
- Summer Camp
- Jujitsu Membership

If Tuition Assistance is granted we kindly ask as a Non-Profit 501(c)(3) organization that families engage in the following to remain in good standing:

- Regular attendance of programming.
- Payments made on-time and accounts stay current.
- Parent and/or family participation in Carmel Youth Center events and fundraisers.
- Consider volunteering for the organization, i.e. fundraisers, programming, and/or special events.

Required Documentation:

(Please provide a minimum 1)

- Most recent Federal Tax Income Form or w2's for all adults in the household.
- Copy of any additional income paid to you (alimony, child support, unemployment)
- Two most recent pay stubs for all adults in the household.
- If applicable, any documents you feel demonstrate your family's need for tuition assistance, i.e. divorce records, excess bills due to ongoing family matters, and/or copy of rent, lease or mortgage statements.



Office Use Only

Received on:	
Received by:	
Interviewed Date:	
Accepted / Denied	Date:
Percentage/Amount Awarded:	

Parent(s) Name(s) : _____

Phone: _____ Email: _____

Mailing Address: _____

Requesting scholarship for the following children:

Child's Name: _____ Grade _____ Birth Date: _____

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Requesting assistance for:

After School Program Dates: _____

Summer Camp Dates: _____

School Break Camp Dates: _____

Jujitsu

Have you received financial assistance from us before, if so how much and when?

Reason for requesting assistance:

Income

Medical

Other _____

Total number in household: Adults: _____ Children: _____

Household Income Information:

Total Household Income Yearly: _____ Social Security: _____

Disability Insurance: _____ Workers Comp: _____ Food Stamps: _____

Child Support: _____ Unemployment: _____