

## Youth Services of Oak Park and River Forest Townships 2017 Financial Assistance Scholarship (FAS) Income Guidelines

RETURN SIGNED AND COMPLETED FORM WITH FAS APPLICATION TO Youth Services

→*Note: Referral person must verify applicant's income with paycheck stub, tax return, or other appropriate document.*

**Note to Parent/Guardian:** Please circle the size of your household *and* your total household income below, and sign to verify your income, which must be *equal or less than* the amounts listed for each of the pay periods, in order for your child to be eligible for the scholarship. You may need to present documentation verifying your income.

Household Size	Yearly Income	Monthly Income	Every Two Weeks	Weekly Income
1	21,775	1,815	838	419
2	29,471	2,456	1,134	567
3	37,167	3,098	1,430	715
4	44,863	3,739	1,726	863
5	52,559	4,380	2,022	1,011
6	60,255	5,022	2,318	1,159
7	67,951	5,663	2,614	1,307
8	75,647	6,304	2,910	1,455
Each additional family member add	+7,696	+642	+296	+148

Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums; charitable contributions, and bonds. It includes the following: (1) Monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self employment; (3) social security; (4) dividends or interest on savings or bonds or income from estates or trusts; (5) net rental income; (6) public assistance or welfare payments; (7) unemployment compensation; (8) government civilian employment or military annuities; (9) private pensions or annuities; (10) alimony or child support payments; (11) regular contributions from persons not living in the household; (12) net royalties ; and (13) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources that would be available.

**OR**

If your family is faced with extraordinary bills, obligations or other responsibilities please indicate below, explaining that because of these, payment of fees is not possible at this time.

\_\_\_\_\_

\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 16/17

\_\_\_\_\_  
Signature of Applicant's Parent/Legal Guardian

Phone \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name

Public Aid # if applicable:

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Referral Person

\_\_\_\_\_  
City/State/Zip