



YKFC Programs Scholarship Application

YKFC is dedicated to providing access to our programs for all. If you need scholarship assistance to participate in our programs, please complete the below and submit to ykfc@cityofbethel.net or to the Facility Director.

Please print clearly.

PARTICIPANT Name: _____ **Date of Birth:** _____

Name of person completing request: _____

Email address: _____ **Phone:** _____

Program Name, Level, and Dates that you are registering for:

<i>Program</i>	<i>Class Level</i>	<i>Class Day & Time</i>

Statement of Need (please describe your need for a scholarship)

What portion of the enrollment fees would you be able to afford? I can commit to \$ _____

Is there anything else you want us to know as a part of your scholarship request?

Demographic information for reporting purposes only:

Is participant Native Alaskan? YES NO

Is participant (select all that apply)

Korean Albanian Hispanic Filipino Other: _____

Does participant live in a single parent household? YES NO