



2024

YES Fund Application

Funds cover approximately 50% of program fees

How to apply:

Fill out this form completely. A legal guardian must submit a current copy of ONE of the following for proof of eligibility:

*****Medicaid/CareSource/Molina/Buckeye Health Card*****

*****Proof of current SNAP Benefits*****

*****Proof of current Section 8 Housing*****

What program(s) would you like to use the funds for?

Note: YES scholarship approval does not guarantee a spot in the program. You still must complete the registration process.

Please complete the following information (Please print):

Name of Participant: _____

Birth Date of Participant: ____/____/____ **Parent E-Mail:** _____

Name of Legal Guardian: _____

Address _____ **Zip** _____

Best contact phone number: _____

STAFF: Please circle the appropriate form of verification and sign application below:

*****Medicaid/CareSource/Molina/Buckeye Health Card*****

*****Proof of current SNAP Benefits*****

*****Proof of current Section 8 Housing*****

I certify by typing/signing my name that the above and attached information is true and complete to the best of my knowledge. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that the financial assistance is based on need but does not automatically guarantee selection. I further understand YES participants are selected on a first come, first served basis based on the amount of scholarship funds available.

Signature of Legal Guardian _____ **Date** ____/____/____

ARPD Staff Signature _____ **Date** ____/____/____

Completed forms can be emailed Robert Dowdell at RDowdell@akronohio.gov, dropped off at your local community center or mailed to: Attn: YES Fund, 220 S. Balch St. Akron, OH 44302.