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

ILP Senior Packet Application
2022-2023 Academic Year

Legible School Stamp or Seal

_____, 202__

Dear Graduating Senior:

If you are ILP eligible and on track to graduate by June 30, 2023, $800.00 financial assistance is available toward 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, because Youth Development Services (YDS) checks can take 1 to 3 weeks to process. YDS is happy to help you celebrate this important achievement in your life! **Please note all applications must be received by June 1, 2023.** Sincerely,

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

DCFS Office: _____

To be completed by the graduating student:

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

Address: _____
City State Zip Code

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

Phone#: _____ Cell#: _____

E-mail Address (no school email address)_____

Student Signature: _____ **Date:** _____

Remember to ask your ILP Coordinator about Celebration 2023!

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, 2023? _____ 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.

Name of High School: _____

High School Address: _____

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

Counselor's Email Address: _____

Counselor's Signature: _____ Phone #: _____

Revised 9/30/2022 *"To Enrich Lives Through Effective and Caring Service"*

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