



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

Legible School Stamp or Seal

ILP Senior Expense Form
2024-2025 Academic Year

_____, 202__

Dear Graduating Senior:

If you are ILP eligible and on track to graduate by June 30, 2025, \$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) funds as it can take 4 weeks to process. YDS is happy to help you celebrate this important achievement in your life! Please note all applications must be received by March 31, 2025. Sincerely,

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

DCFS Office: _____(include address for USPS mail)

To be completed by the graduating student (Please print legibly):

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 (Personal not school email address) _____

Student Signature: _____ Date: _____

Remember to ask your ILP Coordinator about Celebration 2025!

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, 2025? _____ 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. This youth is AB216 (X, if applicable) _____.

Name of High School: _____

High School Address: _____

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

Counselor's Email Address: _____

Counselor's Signature: _____ Phone #: _____

Revised 9/19/2024

"To Enrich Lives Through Effective and Caring Service"

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