



Subject 2025-2026 Youth Financial Assistance Program

Dear Novato Resident,

We are now accepting applications for the City of Novato’s Youth Financial Assistance Program (YFAP). Financial assistance funding is limited to \$300 per child per fiscal year. Funding for the program is limited and distributed at time of registration on a “first come, first served basis.” Once available funding has been depleted, no other funding will be allocated. Scholarship funding can be used for any youth program, class and activity between July 1, 2025, and June 30, 2026. Proof of Novato residency and income are required. After your application has been approved, you will be notified and provided with details on how to register using scholarship funds.

To be eligible for the Youth Financial Assistance Program, the participant must be 18 years or younger, and the family must reside within the Novato City limits. In addition, a family must qualify for public assistance, or receive other types of aid such as unemployment, disability or housing benefits, or qualify as low income based on the 2025 Community Developmental Block Grant Income Limits for Marin County, California.

2025 CDBG Income Limits – Marin County, California.

Persons in Household Income

People in Household	Income
1	\$81,240
2	\$92,880
3	\$104,460
4	\$116,040
5	\$125,340
6	\$134,640

Applications are available at the Novato Gymnastics Center and online at novatofun.org under Forms. If you are interested in applying for the Youth Financial Assistance Program, please complete the application and email to novatofun@novato.gov or drop off at the Novato Gymnastics Center M – TH between 9:30 AM and 5:00 PM.

Novato Gymnastics Center
950 7th Street
Novato, CA 94945

If you have any questions, please contact us at (415) 899-8279 or email: novatofun@novato.gov.

Sincerely,

Katie Dunn
Senior Office Assistant
Parks, Recreation & Community Services
novatofun@novato.gov



YOUTH FINANCIAL ASSISTANCE PROGRAM

— APPLICATION FORM

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Phone: _____

Work Phone: _____

Email: _____

Address: _____

City/State/Zip: _____

CHILDREN (MUST BE LIVING IN THE SAME HOUSEHOLD)

Child's Name (FULL NAME): _____

Date of Birth: _____

Incoming Grade: _____

Gender:

MALE

FEMALE

NON-BINARY

Child's Name (FULL NAME): _____

Date of Birth: _____

Incoming Grade: _____

Gender:

MALE

FEMALE

NON-BINARY

Child's Name (FULL NAME): _____

Date of Birth: _____

Incoming Grade: _____

Gender:

MALE

FEMALE

NON-BINARY

PLEASE PROVIDE PROOF OF ADDRESS

You must provide 2 of the following: Driver's license, California I.D. Card or current utility bill only.
(Utility bill must be no older than 90 days and show your name and current address, not a P.O. Box.)

*Utility = water, electric or gas.

IF YOU RECEIVE ANY OF THE FOLLOWING, PLEASE CHECK

Public Assistance
(CalWorks, SSI, Food Stamps)

Unemployment Benefits

Disability Benefits

Housing Benefits

CDBG Income Limits

Persons in Household	Income
1	\$81,240
2	\$92,880
3	\$104,460
4	\$116,040
5	\$125,340
6	\$134,640

I certify the above information is accurate and true to the best of my knowledge. I understand that, if necessary, City of Novato employees have the right to request additional information in order to determine my eligibility for Financial Assistance.

Print Name of Applicant

Signature of Applicant

Date