

## CITY OF ESCALON – RECREATION DEPARTMENT YOUTH SCHOLARSHIP INFORMATION

The City of Escalon Recreation Department is now accepting applications for our Youth Scholarship Program for the 2016-2017 fiscal year. Please read below for application and funding information.

### **Application Information**

1. Attached to this letter is the scholarship program application form and Beneficiary Qualification Statement containing the income guidelines.
2. The application must be thoroughly completed with required paperwork attached and submitted to the Department office. Failure of the above will postpone or deny your scholarship application.
3. All members of the household must be included on the application. **EVERYONE** in the household who is receiving an income must be included in your income total.
4. The address of the household applying for the scholarship must be located within either the Escalon Unified School District or the Valley Home School area.
5. The application will request information regarding ethnic background, disabilities, etc. This information is a requirement of the Federal government, from which the scholarship funds are granted.
6. **Required Proof of Income:**
  - Last 2 months check stubs (paycheck, government assistance, disability, workers compensation, social security, etc..)
  - Copy of previous year's 1040 Tax Form
  - Proof of participation in free or reduced lunch program (if applicable)
7. Required documentation must be turned in with the scholarship application to Recreation Department.

### **Funding Information**

1. Scholarship recipients must be 16 years or younger and participate in a youth activity.
2. All City of Escalon youth sports programs are eligible; classes and sports clinics are excluded.
3. Each eligible family may receive a maximum of \$200/fiscal year. The scholarship will pay for 60% with the participant paying for 40% of the activities.
4. Additional supply or material cost would be covered by the participant.
5. The program will end on one of the following: June 30, 2017; when a family has reached the \$200 limit; or when the scholarship fund has been depleted, whichever occurs first.
6. Approval of applications is subject to scholarships being available and will be determined by the Recreation Coordinator or other authorized City personnel.
7. You will be notified within 1 week by phone upon determination and at that point registration will be accepted.

If you need additional information, please contact the Escalon Recreation Department at (209) 691-7372.

**SAN JOAQUIN COUNTY  
BENEFICIARY QUALIFICATION STATEMENT**

This form has the purpose of providing information needed to qualify the use of Federal Community Development Block Grant (CDBG) funds for providing public services. This statement must be completed and signed by the person (or legal guardian of the person) requesting to receive benefits.

**Please answer each of the following questions.**

1. This question helps you to determine the size of your household. For this question a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or boarders cannot be included as household members.

**How many persons are in your household?** \_\_\_\_\_

2. This question asks if you are from a very low- and low-income household. For this question a list of the 2013 VERY LOW-INCOME AND LOW-INCOME categories\* are presented below. Please add up the combined gross annual income of all persons in your household from all sources of income.

*\*Taken from 2014 Section 8 Low-Income and Very Low-Income Limits.*

*Example: There are four (4) persons in your household. The combined gross annual income of all persons in your household is \$35,000. According to the income categories below, the combined gross annual income amount for the number of persons in your household must be equal to or less than \$33,150 (VERY LOW-INCOME) or cannot exceed \$53,050 (LOW-INCOME).*

**Combined Gross Annual Income Limits**

Number of Persons in Household	1	2	3	4	5	6	7	8
Very Low Income	\$21,000	\$24,000	\$27,000	\$29,950	\$32,350	\$34,750	\$37,150	\$39,550
Low Income	\$33,550	\$38,350	\$43,150	\$47,900	\$51,750	\$55,600	\$59,400	\$63,250

**In the blank provided, write the number of persons in your household from Question #1 and your combined gross annual income:**

- |                                 | <b>Number of Persons</b>                          | <b>Combined gross annual income</b> |
|---------------------------------|---|-------------------------------------|
| 3. Do you identify yourself as: |   |                                     |
| ___ White                       | ___ Native Hawaiian/Other Pacific Islander        |                                     |
| ___ Black/African Am.           | ___ Black/African Am. & White                     |                                     |
| ___ Asian                       | ___ Asian & White                                 |                                     |
| ___ Hispanic                    | ___ Am. Indian/Alaskan Native & White             |                                     |
| ___ Other Multi-Racial          | ___ Am. Indian/Alaskan Native & Black/African Am. |                                     |
|                                 | ___ Am. Indian/Alaskan Native                     |                                     |

4. Please state, **yes** or **no**, if you are a female Head of Household? \_\_\_\_\_

5. Please describe the condition that would qualify you as being considered in one of the following categories: very low- and low-income household, abused child, battered spouse, elderly person, homeless person, disabled person, illiterate person, or migrant farm worker.

**CLIENT ACKNOWLEDGMENT AND DISCLAIMER**

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

The information you provide on this form is for Community Development Block Grant (CDBG) program purposes only and will be kept confidential.



**City of Escalon Recreation Department**

2060 McHenry Ave., Escalon, CA 95320  
Phone (209)691-7372 Fax (209)691-7409

**2016 -2017 Youth Scholarship Program Application**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

How many persons in your household? \_\_\_\_\_ Combined gross annual income: \_\_\_\_\_

**Names of all persons living at your address:**

Child's Name	Date of Birth

Adult's Name	Date of Birth

**Penalty for False or Fraudulent Statement**

U.S. Code, Title 18, Section 1001, provides that a fine of up to \$10,000.00 or imprisonment for a period not to exceed five (5) years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious or fraudulent statements, knowing to be false.



**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Scholarship Amount \$ 200/family \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

