



YOUTH ACTIVITY SCHOLARSHIP FUND APPLICATION

The City of Atascadero's goal is to improve the quality of life in Atascadero and the surrounding community. The City supports a scholarship fund for eligible youth to provide access to recreational, cultural and social opportunities. Scholarship support is offered to local low income families on an "as needed and available basis." All eligible applications will be considered. **The application fiscal year runs July 1st through June 30th.**

Limit:

\$150 per child per fiscal year,
UP TO \$250 per family per fiscal year based on availability of funds

Please Note: 50% of the registration fee is due immediately upon scholarship application submittal for City of Atascadero activities
(Late registration fees are NOT covered)

NEW!!

Proof of eligibility (REQUIRED-must show proof of at least one):

- 1040 Tax Return (from previous year)
- Free School Lunch
- Unemployment (check stub-current)
- Payroll Stub (within the last 2 months)
- A **verifiable** self-certification of income

We can no longer accept CalWORKS, Food Stamps, Section 8 Housing, Reduced School Lunch, MediCal Card, or Healthy Families per HUD requirements.

***Scholarships Will Be Awarded to Eligible Youth 2-17 Years of Age
who live in the Atascadero School District***

City of Atascadero Scholarship Program SCHOLARSHIP FUND APPLICATION

PLEASE MAKE SURE TO PRINT LEGIBLY.

Please submit one scholarship form per child. Youth must be 2-17 years of age & live in the Atascadero School District. Return to: City of Atascadero, c/o Jennifer Fanning, 5599 Traffic Way, Atascadero, CA 93422 or walk in location is 5599 Traffic Way Atascadero.

Applicant (Child) _____ Age: _____ Gender: _____ **Ethnicity:** _____

Street Address _____ City _____ St _____ Zip _____

Name of Applicant's School _____ Grade _____

Requesting Party (Parent/Guardian) _____

Address of Requesting Party _____ City _____ St _____ Zip _____

Phone (Day): _____ (Evening) _____

ACTIVITY: _____ **ACTIVITY #** (City Activities Only): _____

REGISTRATION FEE: _____ **50 % AMOUNT REQUESTED:** _____

PLEASE CIRCLE PERSONS IN FAMILY & YEARLY INCOME:

| Persons in Family | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Low Income | \$40,150 | \$45,900 | \$51,650 | \$57,350 | \$61,950 | \$66,550 | \$71,150 | \$75,750 |
| Very-Low Income | \$25,100 | \$28,700 | \$32,300 | \$35,850 | \$38,750 | \$41,600 | \$44,500 | \$47,350 |
| Extremely-Low Income | \$15,050 | \$17,200 | \$19,350 | \$21,500 | \$23,250 | \$24,950 | \$26,700 | \$28,400 |

PLEASE CIRCLE ONE (Documentation REQUIRED):

| | | | | |
|-----------------|------------------------|-------------------------------|-------------------|------------------------------|
| 1040 Tax Return | Pay Stub (within 2 mo) | Verifiable Self-Certification | Free School Lunch | Unemployment Check (current) |
|-----------------|------------------------|-------------------------------|-------------------|------------------------------|

YOU MUST ATTACH PROOF OF ELIGIBILITY REGARDING THE ITEMS ABOVE

I certify that all of the information provided above is true and correct. I further attest that the family meets the income criteria stated above.

Signature _____ Date _____
-----CITY USE ONLY-----

Date Received: _____ By: _____ Date Reviewed: _____ Amount Approved: _____

Funds: _____