



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:

\$250 per child per fiscal year,
UP TO \$500 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.

"Extremely Low Income" families may qualify for a 100% scholarship with proof of 1040 Tax Return OR Current Pay Stub ONLY
(Late registration fees or any additional fees are NOT covered)

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

- CalFresh/Food Stamps
- MediCal
- CalWorks
- Section 8 Voucher
- 1040 Tax Return (from previous year)
- Free or Reduced School Lunch
- Unemployment (check stub-current)

***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**

Good Until <u>6/30/2025</u>

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, 5599 Traffic Way, Atascadero, CA 93422 or walk in location is 5599 Traffic Way Atascadero. 805-470-3360

Applicant (Child) _____ Age: _____ Gender: _____ **Race:** _____
Ethnicity: _____
 Street Address _____ City _____ St _____ Zip _____
 Email Address: _____

Name of Applicant's School _____ Grade _____

Mother/Guardian: _____ **Employed?** YES NO **Head of Household?** YES NO

Father/Guardian: _____ **Employed?** YES NO **Head of Household?** YES NO

Address of Requesting Party _____ City _____ St _____ Zip _____

Phone (Day): _____ (Evening) _____

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

REGISTRATION FEE: _____ **100%/50 % AMOUNT REQUESTED:** _____

PLEASE CIRCLE PERSONS IN FAMILY & GROSS COMBINED YEARLY INCOME:

HOUSEHOLD SIZE	A - Extremely Low	B - Very Low	C - Low
1 Person	\$26,750 max	\$44,600 max	\$71,350 max
2 Persons	\$30,600 max	\$50,950 max	\$81,550 max
3 Persons	\$34,400 max	\$57,300 max	\$91,700 max
4 Persons	\$38,200 max	\$63,650 max	\$101,900 max
5 Persons	\$41,300 max	\$68,750 max	\$110,100 max
6 Persons	\$44,350 max	\$73,850 max	\$118,250 max
7 Persons	\$47,400 max	\$78,950 max	\$126,350 max
8 Persons	\$52,720 max	\$84,050 max	\$134,500 max

PLEASE CIRCLE ONE (Documentation REQUIRED):

CalFresh/ Food Stamps	1040 Tax Return	Free/Reduced School Lunch	Unemployment Check (current)	MediCal	CalWorks	Section 8 Voucher
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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: _____