



## **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 1<sup>st</sup> through June 30<sup>th</sup>.**

### **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.**  
                          **\*\*"Extremely Low Income" families qualify for a 100% scholarship with proof of 1040 Tax Return OR Current Pay Stub ONLY\*\***  
                          ***(Late registration 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>6/30/2023</u>
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**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	\$23,000 max	\$38,300 max	\$61,250 max
2 Persons	\$26,250 max	\$43,800 max	\$70,000 max
3 Persons	\$29,550 max	\$49,250 max	\$78,750 max
4 Persons	\$32,800 max	\$54,700 max	\$87,500 max
5 Persons	\$35,450 max	\$59,100 max	\$94,500 max
6 Persons	\$38,050 max	\$63,500 max	\$101,500 max
7 Persons	\$41,910 max	\$67,850 max	\$108,500 max
8 Persons	\$46,630 max	\$72,250 max	\$115,500 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: \_\_\_\_\_