



## Claremont Human Services YOUTH SCHOLARSHIP PROGRAM

### ***Qualifications***

The City of Claremont offers scholarships to participants age 17 and under, living in Claremont or attending a school in the Claremont Unified School District (CUSD). The program provides Claremont residents with a scholarship based on the income guidelines of the Free and Reduced-Price Meals in the National School Lunch and School Breakfast Programs.

### ***How to Apply***

A scholarship form must be submitted with verification documents attached. If the applicant is enrolled in the **Free and Reduced-Price Meals Program through the CUSD**, approval of the scholarship application will be granted upon receipt of proof of enrollment and the scholarship form. Proof of enrollment in the Free and Reduced-Price Meals Program can be obtained by contacting the child's school office.

If ***not*** enrolled in the Free and Reduced-Price Lunch Program through a CUSD school, applicants must submit the following documentation:

#### **1. Proof of residency or CUSD School Enrollment**

- **Claremont Resident** - Any current utility company (gas, electric, water telephone), bank statement, or government issued papers within the last 6 months. In addition, a copy of Social Security cards for all dependents in the household must be submitted.
- **Non-Resident/CUSD School** - Non-residents must submit a proof of enrollment from the Claremont school the child attends, which states the child is currently attending that school. In addition, a copy of Social Security cards for all dependents in the household must be submitted.

#### **2. Proof of Enrollment or Proof of Income**

- **Proof of enrollment in one of the following programs**
  - Food Stamps
  - California Work Opportunity and Responsibility to Kids (CalWORKs)
  - Kinship Guardianship Assistance Payments (Kin-GAP)
  - Food Distribution Program on Indian Reservations (FDPIR)
- **Proof of income from all wage earners in the family**
  - Copy of your most recent tax filing indicating gross income
  - Your last 4 concurrent pay stubs or benefit statements
  - A current AFDC form (if applicable)
  - Divorce papers showing maintenance etc. (if applicable)

## **Sliding Fee Scale**

A sliding fee scale will be applied to residents that qualify for scholarship for the ABCs Preschool and Tiny Tots programs.

Monthly Salary (% of Median Income)	% Discount off Full Price
20%	50% off
30%	40% off
40%	30% off
50%	20% off

Provided your family is approved for a scholarship, you will be responsible for your percentage (%) portion of the class/program fee plus any registration fee.

*If your family income level changes within the year, you are to immediately notify Human Services and speak with the scholarship representative.*

## **Youth Scholarship Frequently Asked Questions (FAQ's):**

***I am a foreign graduate student with children and my income is being sent from back home, what documentation do I need?***

All full-time students with no income locally, (where money is being sent from back home) must have a written affidavit (letter) signed by the parents or provider providing the funding for their graduate school children.

***Do foster children count towards my household number and income?***

Eligibility for a foster child is based on a separate application and solely on the amount of the child's "personal use" income.

***What are some of the other monthly household income that I need to disclose?***

All Alimony, Food Stamps, welfare checks, child support and disability and social security need to be included as part of your proof of income.

***I am a parent and my children and I live with my parents or other family members, how will my household be considered?***

***Residency:*** Must provide either a letter from the grandparents or family member indicating that their child and grandchildren reside with them or regular residency documentation with the applicants name on it.

***Income:*** Income provided must indicate that income made by the parent is solely supporting their child(s). If some of the income made by the grandparents or other family members is supporting the youth, that needs to be indicated as well.

In the case where all family members are financially supporting the youth, all family member's income will be considered as part of the household.

If you are uncertain of documents to use or have further questions, please call 399-5490.

Qualification criteria and application guidelines are subject to change. Applications must be approved prior to registering for program.

Return completed application with qualifying documentation to:

Alexander Hughes Community Center  
1700 Danbury Rd., Claremont, CA 91711



Enriching Our Community

# SCHOLARSHIP FORM June 2010 - June 2011

Claremont Human Services  
1700 Danbury Rd., Claremont CA 91711  
(909) 399-5490

Monday-Thursday 7:30 am to 9 pm ♦ Friday 7:30 am to 6 pm  
Saturday 8 am to 2 pm ♦ Sunday Closed

**Office Use Only**  
 Date \_\_\_\_\_  
 Received: \_\_\_\_\_  
 Income Verification:  Yes  No  
 Resident Verification:  Yes  No  
 APPLIED FOR:  Child.  Rec.  
 APPROVED  Yes  No  
 Staff Certification \_\_\_\_\_  
 Date Notified \_\_\_\_\_

## CERTIFICATION OF ELIGIBILITY FOR SCHOLARSHIP

Please check & circle which program(s) your child is applying a scholarship for:

**Child Development Programs:**  
 ABC Preschool and Tiny Tots

*Scholarship rate for Child Development Programs will be on a "sliding fee" scale discount off the total fee of the program/activity. Expires on 6/30/11 (See Program Information sheet for more details).*

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**General Recreation Programs:**  
 Special Interest and Recreation Classes, Youth Sports, Aquatics, TRACKS or YAC Programs

*Scholarship rate for General Recreation Programs is 50% of class fees up to a maximum of \$480 per year per child. Expires on 6/30/11 or when funds are exhausted.*

Parent/Guardian's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

<u>Names of Children/Family Members</u>	<u>School</u>	<u>Birth Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\* Please circle the child's name(s) that will be using the youth scholarship.**

TOTAL FAMILY MEMBERS LIVING AT YOUR ADDRESS \_\_\_\_\_

GROSS INCOME RESOURCES OF FAMILY Report **monthly gross** income of all income earners in your family.

	Source	Amount	Verification
A.	Money, Wages, or Salary	_____	_____
B.	Social Security	_____	_____
C.	Public assistance/Welfare	_____	_____
D.	Unemployment/Disability	_____	_____
E.	Alimony/Child support	_____	_____
F.	Other Income	_____	_____

**GROSS MONTHLY INCOME** \_\_\_\_\_

**I affirm to the best of my knowledge and belief that the above statements are true.**

Signature _____	Relationship to Child(ren) _____	Date _____
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