SCHOLARSHIP FORM
July 2018 - June 2019

Claremont Human Services
1700 Danbury Rd., Claremont CA 91711
(909) 399-5490
Monday-Thursday 8 am to 9 pm ◆ Friday 8 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
CUSD 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:

☐ **General Recreation Programs**
Human Services Recreational Classes
Scholarship rate for General Recreation Programs is 50% of class fees up to a maximum of $480 per year per child. Expires on 6/30/19 or when funds are exhausted.
http://www.cn.nysed.gov/common/cn/files/2017incomeguidelines.pdf

☐ **ABC Preschool and Tiny Tots**
Scholarship rate for ABC Preschool and Tiny Tots Programs will be on a "sliding fee" scale discount off the total fee from the program/activity. Expires on 6/30/19
(See Program Information sheet for more details).

Parent/Guardian's Name _____
Last First

_____
Address City Zip

_____
Phone Number E-mail

Names of people living at your address including yourself Birth Date School

_____
_____
_____
_____
_____

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

TOTAL MEMBERS LIVING AT YOUR ADDRESS_____

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

	Source	Amount	Verification
A.	Money, Wages, or Salary	_____	_____
B.	Public Assistance	_____	_____
C.	Alimony/Child support	_____	_____
D.	Unemployment/Disability & Social Security	_____	_____
	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