



CERTIFICATION OF ELIGIBILITY YOUTH SCHOLARSHIP FORM

July 2019 - June 2020
Claremont Human Services
1700 Danbury Rd., Claremont, CA 91711
Phone Number: (909) 399 - 5490

AHCC Office Use Only

Date Received _____

Income Verification Yes No

Resident Verification Yes No

CUSD Verification Yes No

APPROVED Yes No

Staff Certification _____

Date Notified _____

CLAREMONT HUMAN SERVICES DEPARTMENT

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 6/30/20 or when funds are exhausted. Applicants must reapply annually.

<https://www.cde.ca.gov/ls/nu/rs/scales1819.asp>

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) the scholarship will be applied to.*

GROSS INCOME RESOURCES OF FAMILY: Report monthly gross income of all income earners, above the age of eighteen, in your household.

	Source	Amount	Verification
A.	Money, Wages, or Salary	_____	_____
B.	Public Assistance	_____	_____
C.	Alimony/Child support	_____	_____
D.	Unemployment/Disability & Social Security	_____	_____
E.	Any other sources not named above.	_____	_____
TOTAL GROSS MONTHLY INCOME		_____	_____

I confirm that the information presented in this application is true and accurate to the best of my knowledge.

Printed name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____