



**SCHOLARSHIP ASSISTANCE PROGRAM
2019/2020**

Dear Applicant:

The Scholarship Assistance Program was established to ensure that all City residents are afforded an opportunity to participate in Community Services and Library classes and programs. The following is a summary of the scholarship program guidelines.

- 1) Applicants must meet the maximum gross income criteria established by the U.S. Department of Housing and Urban Development based on family size (see income qualifications on page 2).
- 2) The registration fee for family participants will be a minimum of 30% of the program fee each session, for example: Registration fee for one person for a \$70.00 class is \$21.00 ($\$70.00 \times 30\% = \21.00).
- 3) The Scholarship Assistance Program is available for City of Rancho Cucamonga residents only, and all information on the application must be submitted up to a week before the start of the class or program.
- 4) **Scholarships are granted based upon funds available at time of the request and are available for classes that begin on or after July 1st, 2019 – June 30th, 2020.**

The attached Scholarship Assistance Application must be **fully** completed and returned to Central Park/Goldy S. Lewis Community Center, 11200 Base Line Road. Scholarships will be limited to a maximum of \$300.00 this fiscal year per household. Priority will be given to youth applications.

Thank you for submitting a Scholarship Assistance Application. Residents are encouraged to use the Scholarship Assistance program to broaden their cultural and recreational opportunities for everyone in the family.

Sincerely,

Jennifer Hunt Gracia
Community Services Director



SCHOLARSHIP ASSISTANCE PROGRAM SCHOLARSHIP INCOME GUIDELINES FY 19/20

The City of Rancho Cucamonga uses the Low-Income Guidelines of the U.S. Department Housing and Urban Development as a criteria to assist residents of the City for scholarships to participate in programs and activities provided by the Community Services Department.

These guidelines on household maximum gross income are as follows:

Household Size	Annual Gross Income
1	\$40,250
2	\$46,000
3	\$51,750
4	\$57,450
5	\$62,050
6	\$62,550
7	\$71,250
8	\$75,850



SCHOLARSHIP ASSISTANCE PROGRAM APPLICATION FY 19/20

Application must be **fully** completed. Completion and submission of this request does not guarantee approval. Scholarships are granted based upon funds available at the time of the request. All information submitted will be held in strictest confidence.

Adults Name: _____

Address: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

E-Mail: _____ Date of Birth: _____

1. Household Annual Income: \$_____

The following **must** be provided:

- ✓ A current Utility Bill (**one** of the following: Gas, Electric, Cable, Water, etc.)
- ✓ A copy of current 1040 Income Tax Return (pages 1 & 2) **showing dependents**

If you did not file a Tax Return for the previous year you must submit the following: (this option is only available to those who DID NOT file for taxes)

- ✓ Provide other proof of need. (i.e., Cal Fresh, Social Security, SSI Disability, Unemployment, etc.)
Please provide a current statement
- ✓ **Proof of dependents is required** (i.e. Birth Certificate, medical card, immunization card for each child applying)

Please state the reason(s) for applying for scholarship assistance _____

2. Number of persons residing in household: _____

3. List the names and birth dates of applicant, spouse and dependents:

NAME:_____ M/F:_____ DOB:_____ AGES:_____

NAME:_____ M/F:_____ DOB:_____ AGES:_____

NAME:_____ M/F:_____ DOB:_____ AGES:_____

NAME:_____ M/F:_____ DOB:_____ AGES:_____

NAME:_____ M/F:_____ DOB:_____ AGES:_____

NAME:_____ M/F:_____ DOB:_____ AGES:_____

4. What programs do you wish to enroll? City Classes _____ Library Classes _____



PLEASE NOTE: THE SCHOLARSHIP PROGRAM MAY NOT BE USED FOR THE FOLLOWING: TEEN DANCES, RENTAL DEPOSITS, PARK RESERVATIONS, SPONSORSHIP FEES, MAHJONG MEMBERSHIP, BILLIARDS MEMBERSHIP, TABLE TENNIS MEMBERSHIP AND LIBRARY OPEN PLACE.

Name: _____ Program: _____ Fee: _____

Name: _____ Program: _____ Fee: _____

Name: _____ Program: _____ Fee: _____

Name: _____ Program: _____ Fee: _____

5. Have you or your dependents received scholarship assistance through the program before?
Yes _____ No _____

Applications are due up to a week prior to the start of the class or program. **If all information is not provided, it will delay approval.**

***Applicants will be notified by email following application submittal.**

Please mail off drop off this application to the Rancho Cucamonga Community Services Department:

Drop Off/Mail to: Central Park / Goldy S. Lewis Community Center
11200 Base Line Road
Rancho Cucamonga, CA 91701

For more information call the Community Services Department at (909) 477-2782.

I certify that all statements on this application are true and correct to the best of my knowledge. I understand that false or incorrect statements shall be sufficient cause for disqualification of my application request.

_____ Date: _____

Applicant's Signature

*******FOR OFFICE USE ONLY*******

STATUS:

Approved

Reason for denial: _____

_____ Date: _____

Community Services Technician