



**City of San Dimas Parks and Recreation Department  
Youth Assistance Scholarship Program (YASP)  
Eligibility and Application Process** SDYASP v10-2014-2

The Youth Assistance Scholarship Program encourages participation from families who could otherwise not afford the City's recreation activities fee. To qualify families must complete an application and provide documentation of household income and residency as listed below. **Note: Trip, excursion, material fees and uniforms are not eligible for scholarships.**

**A. Eligibility**

Financial eligibility is limited to participation by children 17 years and younger, who are residents of the City of San Dimas and meet the income limits. Income is based on the Maximum Allowable Gross Household income per HUD income requirements (by the number of persons in the home):

**Total household income must be at or below the following limits**

2014 INCOME LIMITS\*\*

Family Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Maximum Household-Income	\$45,650	\$52,200	\$58,700	\$65,200	\$70,450	\$75,650	\$80,850	\$86,100

\*\*Income limits change each calendar year.

**B. MAXIMUM FINANCIAL ASSISTANCE**

If a household qualifies, scholarships are valid for one (1) year from July 1, 2014 – June 30, 2015. The maximum **amount will not exceed \$125.00 per child through June 30, 2015.** The standard scholarship amount is 100% of the total fee per child. The City maintains the discretion to award a greater or lesser percentage based upon review of the submitted documents. Scholarships will only be awarded if funding and/or space in the program are available. **Scholarships are awarded on a first come first served basis. Submitting the application does not guarantee approval. TO BE ELIGIBLE, PROOF OF INCOME MUST BE PROVIDED. IF PROOF OF INCOME CANNOT BE PROVIDED THE HOUSEHOLD IS NOT ELIGIBLE.**

**C. APPLICATION PROCESS**

1) Submit your application a minimum of two (2) weeks prior to the start of the activity Complete and submit the YASP Application and attach **copies** of the requested documents for **each adult household member.**

**Documents List**

- Completed YASP Application
- Three (3) current pay stubs
- Last year's federal and state income tax returns for each employed adult
- Any current public assistance award letter(s) including SSI, EDD, TANF, etc.
  - a. If you do not have any earned income, (example: you only receive public assistance or child support) please also complete the attached **No Earned Income Statement** form. **IF YOU CANNOT PROVIDE PROOF OF INCOME YOU ARE NOT ELIGIBLE.**
- A California Driver's License or California Identification Card for each adult listed (must have applicants name)
- A current rent/lease agreement or current utility bills for each adult listed.
- A completed activity registration form for each child

**INCOMPLETE APPLICATIONS WILL BE DENIED**

- 2) Staff will review the application and notify you if it is approved. **Allow a minimum of two (2) weeks for notification.**
- 3) If the application is approved, you must pay the balance of any activity fees prior to the children being registered and added to the program roster. **Non-payment of fees for any balance, prohibits the child from participation.**
- 4) **The scholarship is non-transferable. If the child misses a class or activity; cancels or requests a transfer to a different activity, no scholarship amounts will be credited back to the applicants account.**
- 5) If the Department cancels a program, the amount of the scholarship is credited back to the child's scholarship award.

**D. Activity Period, Expiration Dates and Where to Submit**

<u>Activity Period*</u>	<u>Scholarship Expires</u>
July 1, 2014- June 30, 2014	June 30, 2015

Submit the application to: City of San Dimas Parks and Recreation Department Attention: YASP  
245 E. Bonita Avenue  
San Dimas, CA 91773

**If you have questions please call Leon Raya, Recreation Manager at 909-394-6230**





CDBG YOUTH ASSISTANCE SCHOLARSHIP PROGRAM INTAKE FORM

APPLICANT NAME: Last First

ADDRESS:

PHONE: Email: @

This is a federally funded program. For reporting purposes only, please use the following demographic codes when reporting the race/group of household members on the application. Please check the head of household box in the box below.

Table with 2 columns: CODE, Ethnic Categories\*. Rows include A (Hispanic or Latino), B (Not-Hispanic or Latino), and Racial Categories\* (1-6).

Household Information Check One. A female heads the household where this client resides. A male heads the household where this client resides.

Applicant Signature Date

- 1. The two ethnic categories to choose from are defined below. You should check one of the two categories.
1. Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below. You may mark one or more.
1. American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

FOR STAFF USE ONLY
Date of Intake / /
Residency Census Tract Staff Signature
Family Income Information
LMA Projects 570.201 (a) (1) Type of documentation provided to verify residency Attach photocopy to Intake Form
LMC Projects 570 208 (a) (2) (i) (A) Groups Presumed to principally be of Low-and Moderate income
Client provided documentation to verify ONE OF THE FOLLOWING: Elderly person, abused child, severely disabled, homeless, battered spouse, illiterate adult, person with AIDS, migrant farm worker. Attached type of documentation provided.
LMC Projects 570 208 (a) (2) (i) (B) Require Income Documentation Complete Income Documentation Worksheet, photocopy and attach documentation, or attached signed Public Service Self-Certification, if approved.
Indicate appropriate income Category below:
Extremely low-Income Moderate-Income
Low-Income Above Moderate Income
LMC Projects 570.208 (a) (2) (i) (C) or 570.208 (a) (2) (i) (D) Limits services to Low & Moderate income ONLY Attach type of documentation



## NO EARNED INCOME STATEMENT

**Please complete this form if you do not have any earned income, (example: you only receive public assistance or child support).**

I, \_\_\_\_\_ understand and acknowledge that, as regards to the income reported in this application, I have not received any earned income for the period reported and acknowledge and understand that qualification for assistance funded under this program is based upon having a qualifying family income for the number of persons in the household, and that the income levels I have certified to in this statement are current as of the date signed. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Date