



**City of San Dimas Parks and Recreation Department
Youth Assistance Scholarship Program (YASP)
Eligibility and Application Process** SDYASP v08-2016-5

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 –

- City of San Dimas Resident
- Limited to participation by children 17 years and younger
- Meet income limits, based on Max Allowable Gross Household income per HUD income requirements:

2016 INCOME LIMITS **

*** Income limits change each calendar year*

Family Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Maximum Household-Income	\$48,650	\$55,600	\$62,550	\$69,450	\$75,050	\$80,600	\$86,150	\$91,700

- PROOF OF INCOME MUST BE PROVIDED, OR THE HOUSEHOLD IS NOT ELIGIBLE.
- Submitting the application does not guarantee approval.

B. SCHOLARSHIP BENEFITS

- Scholarships for qualified household are valid for one a year period of **July 1, 2016 – June 30, 2017.**
- Maximum amount will not exceed \$200/child.
- Standard scholarship amount is 100% of total fee/child. *The city maintains the discretion to award a greater or lesser percentage based upon review of submitted documents.*
- Approved scholarships are available and awarded on a first come first served basis. Participants must be registered for an Activity by the deadlines listed (see Scholarship Usage Schedule). If the participant is not registered for an Activity by the deadlines listed, any remaining scholarship balance will be made available to other eligible applicants.

SCHOLARSHIP USAGE SCHEDULE

Deadline	December 30	March 31	June 30
% Scholarship Used*	50%	75%	100%
Approximate Amount			

C. APPLICATION PROCESS

1. Make an appointment with YASP coordinator to submit completed YASP application with copies of requested documents listed below, a minimum of two weeks prior to start of the Activity.

Document Checklist: (Required)

- Completed YASP Application
- Three (3) current pay stubs
- Last year's Federal & State income tax returns for each employed adult in the household
- Any current public assistance award letter(s) including SSI, EDD, TANF, etc
If no earned income, i.e. only receiving public assistance/child support, please complete the attached No Earned Income Statement form. **PROOF OF INCOME MUST BE PROVIDED FOR ELIGIBILITY.**
- California Driver's License or California ID Card for each adult listed. Address listed on application must match License or ID card and must list applicant's name
- Current rent/lease agreement or current utility bills (gas, water, or electric) for each adult listed
- Completed activity registration form for each child.

Please have all required documents at your scheduled appointment. INCOMPLETE APPLICATION WILL BE DENIED.

2. Upon review and approval, you will be notified. Please allow a minimum of 2 weeks of processing.
3. If the application is approved, any fee balance for the Activity must be paid in full. Your child will not be added to the Activity program roster and is prohibited from participation if there is an outstanding fee remaining.
4. **The scholarship is non-transferrable. If the child misses an activity, cancels, or requests a transfer, no scholarship amounts will be credited back to the applicant's account.**
5. If an Activity is cancelled by the City of San Dimas, the scholarship amount will be credited back to the child's scholarship award.

D. DATES TO REMEMBER

- Activity Period: **July 1, 2016- June 30, 2017.** Scholarship Expires: **June 30, 2017**
- The Scholarship process can take up to two weeks, please allow a minimum of two weeks prior to the start of program when scheduling an appointment. Call for appointment to submit completed application to: Dominique Borba, Recreation Coordinator 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.

CODE	Ethnic Categories*
A	Hispanic or Latino
B	Not-Hispanic or Latino
Racial Categories*	
1	American Indian or Alaska Native
2	Asian
3	Black or African American
4	Native Hawaiian or Other Pacific Islander
5	White
6	Other

<p>Household Information Check One <input type="checkbox"/> A female heads the household where this client resides. <input type="checkbox"/> A male heads the household where this client resides.</p>

Applicant Signature

Date

- The two ethnic categories to choose from are defined below. You should check one of the two categories.
 - Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 - 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.
- The five racial categories to choose from are defined below. You may mark one or more.
 - 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.
 - 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.
 - 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."
 - Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

<u>FOR STAFF USE ONLY</u>	
Date of Intake _____/_____/_____	
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.	

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