



City of Antioch Recreation Department YOUTH SCHOLARSHIP/FEE ASSISTANCE PROGRAM

Dear Applicant:

Would you like to register your child for a recreation program, but can't because of a limited family budget? Financial assistance may be available through our Youth Activity Scholarships. Funding is provided by donations and the City of Antioch.

To be eligible, you must be an Antioch Resident or reside within the Antioch Unified School District (AUSD) boundary and meet the household income requirements. A maximum scholarship of \$250.00 per eligible child is available for this fiscal year (July 2023–June 2024), as long as funds are available.

Documents Required:

- Completed Application (front and back)
- Proof the child(ren) is/are the Applicant's dependent by providing copies of one of the following: tax return with child(ren) listed as dependent, birth certificate, court documents, or official placement paperwork.
- Provide copies of one of the following: Two current pay stubs, other proof of income (disability, unemployment, retirement, child support, social security, etc.), or current proof of assistance/support received by household (CalFresh, CalWorks, housing, etc.).
- Proof of residency by providing a copy of a current PG&E, water, or garbage bill in the Applicant's name at an Antioch/AUSD address.

***Other documents may be submitted if the above forms cannot be provided.*

Timeline:

- July 2023: Begin accepting applications; funds awarded to completed applications on a first come, first serve basis. Please allow 10-14 days to review your application.
- Scholarship funds are awarded *once per fiscal year* (July through June). Once spent, any further registration fees are paid out-of-pocket. Funds are not transferrable.
- You will be notified by phone/email if you have been awarded scholarship funds for your child(ren). After approval, funds may be used towards *new* registrations.
- June 14, 2024: Cutoff date for funds to be used.

Please Note: All scholarship funds for each child must be applied to registrations no later than 5:00pm on June 14, 2024.

- If funds awarded to your child(ren) are not spent in full by the above date, your household will NOT be eligible to apply for scholarship funds in the following year.
- You may choose to receive an award amount of \$75, \$150, or \$250. Please specify on your application how much you would like to receive. (Page 2 of Application, #8). This allows funding to be available for more youth to have access to our programs.



**CITY OF ANTIOCH RECREATION DEPARTMENT
Youth Scholarship/Fee Assistance Program – Fiscal Year 2023/24**

In accordance with the Americans with Disabilities Act, if special accommodations are needed at any stage of the application process, please inform staff.

CONFIDENTIAL INFORMATION:

1.	Youth Last Name	Youth First Name	Gender	Age	Birth Date

2. Adult Applicant Name: _____ **Date of Birth:** _____

Relationship of Applicant: (Check 1 box) Father Mother Guardian Other: _____

Address: _____ City: _____ ZIP _____

Phone 1: (____) _____ Phone 2: (____) _____ Email: _____

3. Emergency Contact (*other than Applicant*): _____ Phone: (____) _____

4. Yearly Household Income: \$ _____ **Total # of Persons in Household:** _____

5. Income Verified By: Tax Return Pay Stubs Social Security (SSI) Child Support
 State Disability/Unemployment (SDI/EDD) Other: _____

6. Household currently receives (please check all that apply): No Assistance
 CalWORKs/TANF School Lunch Assistance General Assistance Medi-Cal
 CalFresh/SNAP Housing Assistance Other: _____

7. Attach proof of assistance, prior year tax returns, current pay stubs/disability/unemployment payments, and evidence of child/spousal support as applicable. Refer to cover letter for details about required documents.



I hereby certify that the annual household income indicated above represents all means of support from employment income, government assistance, etc. and that the information I provided is true and correct to the best of my knowledge. I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

Signature: _____ Printed Name: _____

Today's Date: _____ Address: _____

- Please Continue on Page 2 -

Antioch Resident AUSD Boundary

Office Use Only: Application completed? Yes No Within HUD limits? Yes No Fee Paid \$ _____ Staff Initials _____

8. How much would you like to receive in scholarship for each child? (Maximum allowance of \$250.00)

- \$75.00
- \$150.00
- \$250.00

9. How did you learn about the youth scholarship/fee assistance program?

- Antioch Recreation Guide Brochure
- Poster/Flyer (Where did you see it?) _____
- Other: _____

The following information is only used for statistical reporting and is completely confidential. Applicants will be considered without regard to race, color, religion, sex, national origin, familial status, handicap, age, marital status, sexual orientation, ancestry, and source of income.

10. Do you identify as Hispanic or Latino? (Please check one box) Yes No

(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.")

11. Please identify your racial category. Read through all and please check only one box.

Check Only One:	Race
<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	American Indian/Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	Black/African American AND White
<input type="checkbox"/>	American Indian/Alaska Native AND White
<input type="checkbox"/>	Asian AND White
<input type="checkbox"/>	American Indian/Alaska Native AND Black/African American
<input type="checkbox"/>	Other Multi Racial

STAFF USE ONLY – Scholarship Income Limits for 2023/24

# in Household <i>from front page</i>	Household Income Limits <i>On the SAME LINE as "# in Household"</i> <i>check the income range that includes the household's annual income from the front page</i>	
Check this first	0 - 80% AMI	
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 - \$89,750	AMI = Area Median Income. Income limits effective May 2023 for Contra Costa County, CA. Source: U.S. Department of Housing & Urban Development (HUD). MUST UPDATE JULY 1 EACH YEAR. Median Family Income: \$147,900
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 - \$100,950	
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 - \$112,150	
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 - \$121,150	
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 - \$130,100	
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 - \$139,100	
<input type="checkbox"/> 8+	<input type="checkbox"/> \$0 - \$148,050	