



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 Antioch Community Foundation, a 501(c)(3) charitable organization.

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 limit of \$150.00 in scholarship per eligible child is available each fiscal year (July-June), as long as funds are available.

Documents Required:

- Completed Application (front and back)
- Previous year federal tax return for household (first two pages)
- Proof the child(ren) are the Applicant's dependent (listed as dependent on tax return, birth certificates, or court documents/official placement paperwork)
- 2 current pay stubs or other proof of income (including disability, unemployment, retirement, child support, social security, etc.)
- A copy of PG&E or water bill in the Applicant's name at Antioch/AUSD address
- Proof of all assistance/support received by household (where applicable)

Other documents may be required if the above forms cannot be provided.

Timeline:

- July 2020: Begin accepting applications; funds awarded to completed applications on a first come first serve basis. Please allow 10-14 days to review your application.
- You will be notified by phone if you have been awarded scholarship funds for your child(ren). After approval, funds may be used towards new registrations completed at the front desk; scholarship funds are not available to use through our online registration portal.
- June 18, 2021: Cutoff date for funds to be used.

Please Note: **All funds for each child must be spent before June 18, 2021 at 5:00pm.**

- 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.

Information and applications for this program can be picked up/dropped off at the Antioch Community Center, 4703 Lone Tree Way, Monday through Friday 8:30am-5:00pm.

Creating Community through People, Parks & Programs



**CITY OF ANTIOCH RECREATION DEPARTMENT
Youth Scholarship/Fee Assistance Program – Fiscal Year 2020/21**

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:

Adult Applicant Name: _____ Date of Birth: _____

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

Address: _____ City: _____ Zip _____

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

Applicant's Emergency Contact: _____ Phone: (____)_____

Youth's Last Name	Youth's First Name	Gender	Age	Birth Date

Employer Information for Applicant Employer Name: _____

Employer Address and Phone Number: _____

Employer Information for other Adult(s) in Household Employer Name: _____

Employer Address and Phone Number: _____

Total Number of Persons in Household: _____ **Yearly Household Income: \$** _____

Family currently receives (please check all that apply): No Assistance SSI

CalWORKs AFDC School Lunch Assistance General Public Assistance Medi-Cal

Food Stamps/CalFresh Rental Assistance Other: _____

Income Verified By: Tax Return Employer Verification Other: _____

Attach proof of assistance, prior year tax returns, current pay stubs/disability/unemployment payments, and evidence of child or 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: _____

Date: _____ Address: _____

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Antioch Resident AUSD Boundary

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

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.

- 1) **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.")
- 2) **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 – MUST COMPLETE with information from the front page
Scholarship Income Limits for 2020-2021

# in Household <i>from front page</i>	Household Income		
	<i>On the SAME LINE as "# in Household" column check the income range that includes the household's annual income from the front page.</i>		
Check this first	0-30% AMI	30%-50% AMI	50%-80% AMI
<input type="checkbox"/> 1	<input type="checkbox"/> \$0 to \$27,450	<input type="checkbox"/> \$27,451 - \$45,700	<input type="checkbox"/> \$45,701 - \$73,100
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 to \$31,350	<input type="checkbox"/> \$31,351 - \$52,200	<input type="checkbox"/> \$52,201 - \$83,550
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 to \$35,250	<input type="checkbox"/> \$35,251 - \$58,750	<input type="checkbox"/> \$58,751 - \$94,000
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 to \$39,150	<input type="checkbox"/> \$39,151 - \$65,250	<input type="checkbox"/> \$65,251 - \$104,400
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 to \$42,300	<input type="checkbox"/> \$42,301 - \$70,500	<input type="checkbox"/> \$70,501 - \$112,800
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 to \$45,450	<input type="checkbox"/> \$45,451 - \$75,700	<input type="checkbox"/> \$75,701 - \$121,150
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 to \$48,550	<input type="checkbox"/> \$48,551 - \$80,950	<input type="checkbox"/> \$80,951 - \$129,500
<input type="checkbox"/> 8+	<input type="checkbox"/> \$0 to \$51,700	<input type="checkbox"/> \$51,701 - \$86,150	<input type="checkbox"/> \$86,151 - \$137,850

AMI = Area Median Income. Income limits effective April 2020 for Contra Costa County, CA. Source: U.S. Department of Housing & Urban Development (HUD). **MUST UPDATE JULY 1 EACH YEAR.**