



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)
- 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 required if the above forms cannot be provided.

Timeline:

- July 2021: 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/email 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. Please note that scholarship funds are not available to use through our online registration portal.
- June 17, 2022: Cutoff date for funds to be used.

Please Note: All funds for each child must be spent before June 17, 2022 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.

Applications for this program may 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

Phone: (925) 776-3050
Fax: (925) 776-3079
Antiochca.gov/recreation

RECREATION DEPARTMENT



4703 Lone Tree Way
Antioch, CA. 94531
AntiochIsOpportunity.com

**CITY OF ANTIOCH RECREATION DEPARTMENT
Youth Scholarship/Fee Assistance Program – Fiscal Year 2021/22**

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

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

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

Household currently receives (please check all that apply): No Assistance
 CalWORKs/TANF School Lunch Assistance General Assistance Medi-Cal
 CalFresh/SNAP Housing Assistance 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 –COMPLETE with information from the front page
Scholarship Income Limits for 2021-2022

# in Household from front page	Household Income Limits <i>On the SAME LINE as "# in Household"</i> check the income range that includes the household's annual income from the front page.	
Check this first	0 - 80% AMI	AMI = Area Median Income. Income limits effective April 2021 for Contra Costa County, CA. Source: U.S. Department of Housing & Urban Development (HUD). MUST UPDATE JULY 1 EACH YEAR.
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 - \$87,700	
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 - \$98,650	
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 - \$109,600	
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 - \$118,400	
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 - \$127,150	
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 - \$135,950	
<input type="checkbox"/> 8+	<input type="checkbox"/> \$0 - \$144,700	