



## COMMUNITY SERVICES DIVISION YOUTH SCHOLARSHIP APPLICATION

### SCHOLARSHIP GUIDELINES

- Verification of previous month's income or last year's income tax return or W-2 **must** accompany application.
  - Scholarships are only available as funds are available. There are no guarantees for scholarship awards.
  - Participant must be ages 17 and under at the start of the program.
- The scholarship is given only for the duration of one program session, or 6 months of ongoing lessons. A parent must reapply for a new program after the completion of the awarded scholarship program.
  - Scholarships are available to cover half of the cost of the program, or 100% of the program fee based on qualifying income (see chart below).
- All scholarship applications must be verified by a program coordinator and approved by the Community Services Superintendent.
- Participants can also apply approved Redlands Community Center volunteer hours toward their program registration fee or use the available discounts (multiple family members and early registration).

**\*SCHOLARSHIP APPLICATIONS WILL NOT BE PROCESSED WITHOUT PARTIAL PAYMENT OF THE PROGRAM AND/OR NECESSARY PAPERWORK IS COMPLETED AND APPROVED BY APPROPRIATE STAFF.  
\*ONCE A SCHOLARSHIP IS APPROVED THE APPLICANT WILL RECEIVE A COPY OF THIS FORM AND MUST BRING IT AT THE START OF EACH REGISTRATION PERIOD IN ORDER TO BE ENROLLED IN THE PROGRAM.  
\*PARTICIPANT MUST REAPPLY AFTER THIS SCHOLARSHIP EXPIRES.**

Program Applying for: \_\_\_\_\_

Program Cost: \_\_\_\_\_

### PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### PARENT OR GUARDIAN'S INFORMATION:

Name: \_\_\_\_\_

Phone Number:

(     )

Address

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

### VOLUNTEER HOURS – SEE PROGRAM COORDINATOR FOR THIS PORTION

Total volunteer hours credit to apply toward registration fee: \_\_\_\_\_

Community Services Staff Verification: \_\_\_\_\_

### INCOME GUIDELINES

Gross Annual Income of all house hold members:

Number in Household:

\$ \_\_\_\_\_ / YEAR

Number in Household	1	2	3	4	5	6	7	8
<b>Low income 100% Scholarship</b>	\$17,120	\$20,120	\$23,180	\$26,180	\$28,580	\$30,980	\$33,440	\$35,840
<b>Moderate income 50% Scholarship</b>	\$35,200	\$40,250	45,\$250	\$50,300	\$54,300	58,350	\$62,350	\$66,400

I certify that all statements on this form are true and complete to the best of my knowledge and belief. I understand any falsification of the information on this form may be considered grounds for immediate dismissal from this program.

Parent or Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICE USE ONLY

Payment: \_\_\_\_\_

Receipt #:

Receipt Date:

Annual Income: \_\_\_\_\_

Verified By:

Scholarship Valid until:

Amount of Scholarship Approved:    100%    50%

Approved By: \_\_\_\_\_