

PACIFIC YOUTH SPORTS SCHOLARSHIP ASSISTANCE PROGRAM 2018/2019

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Dear	Ann	licant:

The Scholarship assistance program was established to ensure that all applicants are afforded an opportunity to participate in Pacific Youth Sports programs. The following is a summary of the scholarship program guidelines.

- 1) Applicants must meet the maximum gross income criteria established by the U.S. Department of Housing and Urban Development based on family size (see income qualifications on page 2).
- 2) The registration fee for one to two family participants will be a minimum of 25% of the program fee and a minimum of 5% for three or more family participants during each session, for example: Registration and class fee for one person is \$90.00 so your class discount would be \$22.50. You would only pay \$67.50.
- 3) The Scholarship assistant program is available for all participants that qualify and all information on the application will need to be submitted up to a week before the start of the class or program.
- 4) Scholarships are granted based upon funds available at time of request and are available for classes that begin on or after July 1, 2018 June 30, 2019.

The attached Scholarship Assistance Application must be fully completed and returned to Pacific Youth Sports, P.O. Box 8834 Alta Loma, Ca 91701. Scholarships will be limited to a maximum of \$300.00 this fiscal year per household.

Thank you for submitting a Scholarship Assistance Application. Applicants are encouraged to use the Scholarship Assistance program to broaden their cultural and recreational opportunities for everyone in the family.

Sincerely,

Michelle Johns President / Director



PACIFIC YOUTH SPORTS SCHOLARSHIP ASSISTANCE PROGRAM SCHOLARSHIP INCOME GUIDELINES FY18/19

Pacific Youth Sports uses the Low Income Guidelines of the U.S. Department Housing and Urban Development as criteria to applicants for scholarships to participate in programs and activities provided by Pacific Youth Sports.

These guidelines on household maximum gross income are as follows:

Household Size Annual Gross Income

1	\$35,750
2	\$40,150
3	\$45,550
4	\$50,900
5	\$55,250
6	\$60,550
7	\$65,850
8	\$70,150
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PACIFIC YOUTH SPORTS SCHOLARSHIP ASSISTANCE PROGRAM APPLICATION FY 18/19

Please answer the following questions. Attached is the policy, which will be used to review your request for assistance. Completion and submission of this request does not guarantee approval. Scholarships are granted based upon funds available at the time of request. All information submitted will be held in strictest confidence.

Adults I	Name: ₋						
Addres	s:			Zip:			
Work p	hone: _	Hom	e phone:	Cell phone:			
E-Mail:			Date of	Birth:			
1.	House	hold Annual Income: \$					
	Pleas	e provide:					
		A current Utility Bill (Gas, E	Electric, Cable, etc.)				
		A copy of most recent 104	ວ Income Tax Return (paເ	ges 1 & 2) showing depende	ents		
		file a Tax Return for the pr DO NOT file for taxes)	evious year you must s	ubmit the following: (this o	option is <u>only</u> available		
				vide other proof of need. (i.e provide a current statem			
		Proof of dependents is reapplying)	equired (i.e. Birth Certification	ate, medical card, immuniza	tion card for each child		
	Please state the reason(s) for applying for scholarship assistance						
2.	Place	of Employment:					
3.	Numbe	er of persons residing in hou	sehold:	_			
4.	4. List names and birth dates of applicant, spouse and dependents:						
	NAME	:	DOB:	AGE:	_		
	NAME	:	DOB:	AGE:	_		
	NAME	:	DOB:	AGE:	_		
	NAME	:	DOB:	AGE:			

5.	What program do y	ou wish to enro	oll?				
	Name:	Pr	ogram:	Fee:			
	Name:	Pr	ogram:	Fee:			
	Name:	Pr	ogram:	Fee:			
	Name:	Pr	ogram:	Fee:			
6.	Have you or your d	ependents rece	eived scholarship a	ssistance through this	program befo	ore?	
	Yes	No	_				
	tions are due up to a	a week prior to	the start for the clas	ss or program. If all i	nformation is	not provided, i	t will
Applica	nts will be notified b	y email followir	ng application subm	ittal.			
Please	email this application	n to: PacificYo	outhSports.com or c	Irop off to the instruc	or at class.		
For mo	re information call: F	Pacific Youth Sp	ports at: (909) 987-	-1240.			
				rrect to the best of my on of my application i		understand that	false or
-					Date:		
	Applicant	's Signature					
****	******	******	*****	FICE USE ONLY	******	******	*****
STATU	S:						
	Approved	25%	(1-2 participa	nts enrolled at one t	ime)		
		5%	(3 or more part	icipants enrolled at	one time)		
	Reason for de	enial:					
				Date:			
	Pacific Youth Sport	ts President / D	virector				