



City of Carson - Community Services Scholarship Program Guidelines

ABOUT THE PROGRAM

The City of Carson has established a Scholarship Program to make youth recreation activities available and affordable to all families in the Carson community. Since this program is funded by the City of Carson, we are required to collect certain information for reporting purposes. **THIS INFORMATION IS CONFIDENTIAL** and will only be used to compile statistical data only. Should you have any questions, feel free to contact the Recreation Front Desk at (310) 847-3570 or email CSScholarship@carsonca.gov.

APPROVAL AND SCHOLARSHIP PROCESS

- 1) Community Services Scholarship Program applications are provided by mail or by email.
- 2) To verify Carson Resident Status, the finalized application and required supplemental information must be submitted **IN PERSON** at the City of Carson Corporate Yard, 18601 South Main Street, Carson, CA 90248. Office hours are Monday – Thursday, 7 a.m. – 6 p.m. We are closed on Fridays and holidays.
- 3) Applicant will be notified by mail and/or email if application has been approved within two (2) weeks.
- 4) If approved, up to \$200 scholarship discount will be applied toward Community Services programs offered through the City of Carson. Administrative fees for all classes, sports, and/or programs are NOT discounted.
- 5) Scholarship recipients must pay the remaining registration fee for enrollment. Eligible programs include classes, sports, and programs on a first-come, first served basis.
- 6) Scholarships awarded are dependent on the availability of program funds.
- 7) Incomplete applications will not be processed and may be denied. Notification of an incomplete application will be provided by mail and/or email.
- 8) If approved, participant must remain in good standing on ActiveNet, attend 50% at minimum of the activity, and maintain good behavior throughout the length of the program.

INCOME GUIDELINES

Applicant must have a total household income at or below the following limits:

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Extremely Low (0%-30%)	\$25,050	\$28,600	\$32,200	\$35,750	\$38,650	\$41,500	\$44,350	\$47,200
Low (31%-50%)	\$41,700	\$47,650	\$53,600	\$59,550	\$64,350	\$69,100	\$73,850	\$78,650
Moderate (51%-80%)	\$66,750	\$76,250	\$85,800	\$95,300	\$102,850	\$110,350	\$118,200	\$125,800



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REQUIRED DOCUMENTS

Each adult living at the residence must provide:

- Proof of Income (REQUIRED)** – Previous year’s Federal Income Tax Return, 3 current pay stubs and/or if applicable include CAL FRESH, CASH AID, CHILD/SPOUSAL SUPPORT, SSI/DISABILITY, UNEMPLOYMENT BENEFITS, PENSION, SELF-EMPLOYMENT.

- Proof of Residency (REQUIRED)** – Driver’s License, California ID, or utility bill with Carson address.

APPLICANT/PARTICIPANT INFORMATION (SELECT ONE PROGRAM)

SELECT PROGRAM: _____

First and Last Name

Date of Birth

PARENT/GUARDIAN INFORMATION

Father First Name

Last Name

Resides at listed address: Yes No

Email:

Mother First Name

Last Name

Resides at listed address: Yes No

Email:

Address

Telephone

RESIDENCE INFORMATION

Total Number of People Living at the Residence: _____

Minor(s) - First and Last Name

Date of Birth



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ADDITIONAL ADULTS	
First and Last Name	Relationship

OFFICE USE ONLY		
Income Calculations		
<u>APPROVED – INCOME LEVELS</u>	<u>LIMITED APPROVAL – 90 DAYS THROUGH</u>	<u>DENIED</u>
<input type="checkbox"/> 50% MI & LI (Moderate & Low)	_____	<input type="checkbox"/> Non-Resident
<input type="checkbox"/> 75% ELI (Extremely Low)	<u>LIMITED APPROVAL – 30 DAYS THROUGH</u>	<input type="checkbox"/> Exceeds Income Limits

	<input type="checkbox"/> 50% MI & LI (Moderate & Low)	
	<input type="checkbox"/> 75% ELI (Extremely Low)	
Staff Name (Print): _____		Date: _____
Program Manager Signature: _____		Date: _____

APPLICATION CONTINUES NEXT PAGE.



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Instructions

Each box under “List Gross Monthly Income in Dollars,” must be filled in with a number. If you do not have income from that source, mark “0” in the box.

SOURCE OF INCOME	LIST GROSS MONTHLY INCOME IN DOLLARS *	DOCUMENTATION (Please submit as noted below)
Salary	_____	<ul style="list-style-type: none"> Copies of last 3 paychecks and Federal Income tax returns; or Employment and salary documentation form and Federal income tax
SSI/SSD - Supplemental Security Income/Disability	_____	<p style="text-align: center;"><i>(the following information must not be older than six months)</i></p> <ul style="list-style-type: none"> Copy of applicant’s monthly award check; or Form SSA-2458 (<i>request from local Social Security Office</i>); or Copy of applicant’s award letter; or Bank statements showing direct deposits of applicant’s award check
Aid for Families with Dependent Children (AFDC)	_____	<ul style="list-style-type: none"> Award letter stating the amount of applicant’s benefit; or Copy of applicant’s most recent check; or Written statement from Caseworker stating the applicant’s benefit amount
General Relief	_____	
Pension	_____	<ul style="list-style-type: none"> Copy of applicant’s most recent pension check; or Copy of pension award letter showing monthly benefits; or Bank statement showing direct deposit of applicant’s award check
Alimony	_____	<ul style="list-style-type: none"> Copy of applicant’s weekly or monthly check; or Court decree establishing payments, (<i>divorce papers</i>); or Affidavit of child support signed by applicant
Child Support	_____	
Unemployment Insurance	_____	<ul style="list-style-type: none"> Copy of award notice stating applicant’s benefits; or Payment booklet; or Unemployment affidavit signed by applicant
Self-Employed Profits	_____	<ul style="list-style-type: none"> Account records; or Most current quarterly income tax return (<i>not older than 6 months</i>)
Interest from Bank Accounts and Cash Funds	_____	<ul style="list-style-type: none"> Letter from bank manager stating interest earned; or passbook; or Bank statements showing last twelve months of interest; or Most recent Federal income tax return showing interest earned; or Investment statements indicating the amount of dividends earned
Rental Property Income	_____	<ul style="list-style-type: none"> Copy of recent rent check; or Rent receipt book; or Copy of property rental agreement signed by current tenant showing monthly rent; or Copy of applicant’s income tax return declaring earned rental income (<i>Not older than one year</i>)
Other Income Not Shown Above LIST SOURCES	_____	<ul style="list-style-type: none"> Attach documentation to support declaration



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ACKNOWLEDGEMENT AND DISCLAIMER

Under penalties of perjury, I declare that I have verified the information provided to be true, correct and have accurately included all sources of income and residency. I understand that supporting documentation can be requested by the City to further prove income and/or residency.

Print Name:		Date:	
Address:		Phone No.:	
Signature:		Agency Approval:	

END OF APPLICATION.