



CITY OF MANTECA

PARKS AND RECREATION DEPARTMENT

Dear Scholarship Applicant:

The City of Manteca Parks and Recreation Department is now accepting applications for our Youth Scholarship Program for the 2018-2019 fiscal year. The program is funded in part by Community Development Block Grant, Friends of Manteca Parks and Recreation, and donations by customers. Please read below for application and funding information.

Application Information

1. Attached to this letter is the scholarship program brochure containing the application form and income guidelines.
2. The application must be thoroughly completed with required paperwork attached and submitted to the Department office. Failure of the above will postpone or deny your scholarship application.
3. All members of the household *must* be included on the application. **EVERYONE in the household** who is receiving an income must be included in your income total.
4. The application will request information regarding ethnic background, disabilities, etc. This information is a requirement of the Federal government, from which the scholarship funds are granted.
5. **Required proof of income: *Everyone* 18 years and older in the household must provide proof of income for the last 2-3 months (paycheck stubs, disability stubs, or passport to services printout), and a copy of your 1040 tax document from the last filing year.**
6. Required documentation must be turned in with the scholarship application.

Funding Information

1. The first date the funds will be available is July 1, 2018. Scholarship funds are not retroactive.
2. Scholarship recipients must be 18 years or younger and participate in a youth activity.
3. Each eligible child may receive a maximum of \$150. Your income will determine if you are categorized as low- or very low-income.
4. For low-income participants, the scholarship will pay for 70% with the participant paying 30% of the registration fee.
5. For very-low income participants, the scholarship will pay for 80% with the participant paying 20% of the registration fee.
6. Additional supply or material costs or late fees would be covered by the participant (i.e., art supplies, food fees, late fees, etc.).
7. **The program will end on one of the following: June 30, 2019, when an individual has reached the \$150 limit, or when the scholarship fund has been depleted; whichever occurs first.**
6. Approval of applications is subject to scholarships being available.

If you need additional information, please contact us at (209) 456-8600.

Thank you,
Manteca Parks and Recreation Department



SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank field below, and check the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Household Information

Parent/Guardian’s Name: _____

Home Address: _____ City: _____ ZIP: _____

Day Phone: _____ Email: _____

Household Member Information (List ALL Household Members and mark appropriate boxes)

| First Name: | Last Name: | Male or Female | Head of Household | Co-Head of Household | Person with Disabilities | 62+ Year of Age or Older | Fulltime Student age 18 | Child Under the age of 18 Years | Minor Under the Age of 15 |
|-------------|------------|----------------|-------------------|----------------------|--------------------------|--------------------------|-------------------------|---------------------------------|---------------------------|
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Race

| | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaskan Native & White |
| <input type="checkbox"/> Black or Native American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American & White |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> American Indian or Alaskan Native & Black |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Other Multi-Racial |

Ethnic Status

Hispanic Non-Hispanic

COMPLETE SIGNATURES ON NEXT PAGE

U.S. Department of Housing and Urban Development
 Community Planning and Development
 Community Development Block Grant (CDBG)

Gross Annual Income Guidelines

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Very-Low Income | \$ 22,300 | \$ 25,500 | \$ 28,700 | \$ 31,850 | \$ 34,400 | \$ 36,950 | \$ 39,500 | \$ 42,050 |
| Low-Income | \$ 35,700 | \$ 40,800 | \$ 45,900 | \$ 50,950 | \$ 55,050 | \$ 59,150 | \$ 63,200 | \$ 67,300 |

Income Information

Annual gross income (total of all members) = \$ _____

I/we certify under penalty of perjury that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

| HEAD OF HOUSEHOLD | | |
|----------------------------------|--------------|------|
| Signature | Printed Name | Date |
| OTHER BENEFICIARY ADULTS* | | |
| Signature | Printed Name | Date |
| Signature | Printed Name | Date |
| Signature | Printed Name | Date |

*Attach another copy of this page if additional signature lines are required.

Warning: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Office Use Only:

Date Received: _____ Scholarship Amount: _____

Approved Denied Income level verified: Very Low (80/20) Low (70/30)

By: _____ Date: _____