



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 2016-2017 fiscal year. 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, 2016. 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, 2017, 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



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252 MAGNOLIA AVE. • MANTECA, CA 95337 • (209) 456-8600 • FAX (209) 923-8954

www.mantecagov.com/parks

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Manteca Parks and Recreation Department
 252 Magnolia Avenue, Manteca, CA 95337
 Phone (209) 456-8600 / Fax: (209) 923-8954
 www.mantecagov.com/parks

2016-2017 Youth Scholarship Program Application

Parent/ Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Day Phone: _____ Email: _____

Names of all children 18 years of age or younger living at your current address:

Names of all adults in household currently living at your current address:

<u>Child's Name:</u>	<u>Date of birth:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<u>Adult's Name:</u>	<u>Date of birth:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Penalty for False or Fraudulent Statement

U.S. Code, Title 18, Section 1001, provides that a fine of up to \$10,000.00 or imprisonment for a period not to exceed five (5) years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious or fraudulent statements known to be false.

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FOR OFFICE USE ONLY

Date Received: _____ Scholarship Amount: \$ _____

Approved Denied By: _____ Date: _____

80/20 70/30

2016 BENEFICIARY QUALIFICATION STATEMENT

Project/Activity Title: City of Manteca Youth Scholarship Program HUD Project Number: MAN-04-13

Name/Address of Contractor Agency: City of Manteca – 1001 W. Center St., Manteca, CA 95337

This form has the purpose of providing information needed to qualify the use of Federal Community Development Block Grant (CDBG) funds for the project/activity described above. **This statement must be completed and signed by the person (legal guardian) requesting to receive benefits from the described project/activity:**

- For this question a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members. **How many persons are in your household?** _____
- For this question a list of the 2016 VERY LOW and LOW-INCOME categories* are presented below. Please calculate the combined gross annual income of all persons in your household from all sources of income. State, **yes or no**, if your combined gross annual income is equal to or less than the LOW-INCOME amount for the number of persons in your household. _____

	Number of Persons in Your Household							
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
Very Low	\$20,650	\$23,650	\$26,550	\$29,450	\$31,850	\$34,200	\$36,550	\$38,900
Low-Income	\$33,000	\$37,700	\$42,400	\$47,100	\$50,900	\$54,650	\$58,450	\$62,200

- Proof of income:** A Federal 1040 income tax return with attachments (W-2, 1099, etc.), county welfare form or any other type of information deemed necessary by the Department will be required prior to approval of scholarship. Please submit required forms when applying for a scholarship.
- You identify yourself as:

<input type="checkbox"/> White <input type="checkbox"/> Black/African Am. <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other Multi-Racial	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black/African Am. & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Am. Indian/Alaskan Native & White <input type="checkbox"/> Am. Indian/Alaskan Native & Black/African Am. <input type="checkbox"/> Am. Indian/Alaskan Native
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- Please state, **yes or no**, if you are a female Head of Household? _____

---ACKNOWLEDGMENT AND DISCLAIMER---

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____

SIGNATURE: _____

The information you provide on this form is for Community Development Block Grant (CDBG) program purposes only and will be kept confidential.

*Taken from 2016 Section 8 Low-Income and Very Low-Income Limits.