2023/24 Recreational Scholarship Assistance Program Application

The City of Yucaipa has received federal Community Development Block Grant funding to provide financial assistance to Yucaipa youth and seniors. The program provides low and moderate-income families, who live in Yucaipa, the opportunity to apply for a scholarship for children 17 years of age and under and Seniors 55 years of age and over. Scholarships may be used to register youth and seniors for City sponsored activities at the Yucaipa Performing Arts Center, Yucaipa Community Center, and Scherer Community Center.

Eligibility requirements:
To qualify for the Recreational Scholarship Assistance Program, items 1 & 2 below must accompany the application.

Residency verification:
1. A valid photo identification (i.e., driver’s license or state-issued ID)
2. One of the following:
   o Utility bill (i.e., gas, electric, water or trash)
   o Property tax bill
   o Rental agreement

Program guidelines: 2023/2024
The scholarship period will begin **July 1, 2023**, and continue until funds either expire **June 30, 2024**, or are depleted. Scholarships are awarded on a first come, first served basis for all eligible participants, and funding will be disbursed accordingly, **as available**.

*Approval of your application does not guarantee reservation of funds or registration in activities.* Some activities may not qualify for scholarship awards. Please check with the appropriate program area prior to registering. If you qualify for a scholarship, a notice will be put on your Active Net account.

**Complete this section and all required sections on the attached exhibits**
(County of San Bernardino Department of Economic and Community Development Exhibit 3(a) 1 of 2 and 2 of 2)

**GOOD FAITH STATEMENT**
City of Yucaipa

My signature indicates that the information I have provided regarding my proof of residency and household income is accurate and includes all sources of available household income. If there are any changes in residency and/or household income during the year that would affect my eligibility for a scholarship, I will report those changes to the Community Services Department before registering for a class.

Parent/Guardian (print) ___________________________________________________________________________

Date __________________________________________________________________________________________

Address _________________________________________________________________________________________

City __________________________________________________________________________ Zip Code __________ Phone Number _______________________________________________________________________

A scholarship may be used to register youth and seniors for City of Yucaipa programs and activities at the Yucaipa Community Center. Please list person(s) to receive scholarship:

Name __________________________________________________________________________ Date of Birth _______________________________________________________________________

Name __________________________________________________________________________ Date of Birth _______________________________________________________________________

Name __________________________________________________________________________ Date of Birth _______________________________________________________________________

ALL INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL

FOR OFFICE USE ONLY:

App. Date: _______________ Exp. Date: _______________ Total Award: $ __________

Notes: Award effective until program funds expire or are expended. __________________________________________________________________________

☐ Approved ☐ ActiveNet ☐ Letter/Notify Participant

Scholarship Assistance Program Application Form, Rev. 06/21/23, L. Christian

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City of Yucaipa

In the space provided below, please list the City of Yucaipa activities/programs you would like to participate in and use the 2023/24 Recreational Scholarship Assistance for:

1. 

2. 

3. 

4. 

5. 

6. 

7. 

8. 

COUNTY OF SAN BERNARDINO COMMUNITY DEVELOPMENT AND HOUSING

Project/ Activity Title: Yucaipa: Recreational Scholarships Program
Project/Case Number: YUCA-22-1-052/2484

Name/Address of Contract Agency: Community Services Department, City of Yucaipa
34900 Oak Glen Rd., Yucaipa, CA 92399

Date of issue: X Original: Beginning 7/1/2022

BENEFICIARY QUALIFICATION STATEMENT

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 (or legal guardian of the person) requesting to receive benefits from the described project/activity. Only one statement per person, per fiscal year is required (fiscal year begins July 1 and ends June 30).

Please answer each of the following questions.

1. This question helps you determine the size of your household. 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? __________

2. This question asks if you are from a low- and moderate-income household. For this question, a list of the EXTREMELY LOW-INCOME, VERY LOW-INCOME and LOW-INCOME categories* are presented below. Please add up the combined gross annual income of all persons in your household from all sources of income. In the blanks provided, write (yes) or (no) if your combined gross annual income is equal to or less than the, EXTREMELY LOW-INCOME, VERY LOW-INCOME, or LOW-INCOME amount for the number of persons in your household.

   YES/NO

   EXTREMELY LOW-INCOME __________
   VERY LOW-INCOME __________
   LOW-INCOME __________

   Number of Persons in Your Household

   
<table>
<thead>
<tr>
<th>Number of Persons in Your Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>EXTREMELY LOW-INCOME LIMIT ($)</td>
</tr>
<tr>
<td>18,500</td>
</tr>
<tr>
<td>VERY LOW-INCOME LIMIT ($)</td>
</tr>
<tr>
<td>30,800</td>
</tr>
<tr>
<td>LOW-INCOME LIMIT ($)</td>
</tr>
<tr>
<td>49,300</td>
</tr>
</tbody>
</table>

* Taken from FY 2022 Income Limits Summary:
https://www.huduser.gov/portal/datasets/il/il2022/2022summary.odn

Exhibit 3(a) Page 1 of 2
3. Please indicate how you identify yourself by checking only one of the following choices:

White  Hispanic  Non-Hispanic
Black/African American
American Indian/Alaskan Native
Asian
Native Hawaiian/Other Pacific Islander
American Indian/Alaskan Native & White
Asian & White
Black/African American & White
American Indian/Alaskan Native & Black/African American
Balance/Other

4. Please check whether you belong to a Female Headed Household:  ☐ YES  ☐ NO

5. Please describe the condition that would qualify you as being considered in one of the following presumed low- and moderate-income categories: abused child, battered spouse, elderly person, homeless person, disabled adult, illiterate person, or migrant farm worker:
(Description)

ACKNOWLEDGMENT AND DISCLAIMER

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

NAME: ____________________________ DATE: ______________________
ADDRESS: ________________________ CITY: _____________ ZIP: ___________

SIGNATURE: ______________________ PHONE: ______________________

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