



## **YOUTH ACTIVITY SCHOLARSHIP FUND APPLICATION**

The City of Atascadero's goal is to improve the quality of life in Atascadero and the surrounding community. The City supports a scholarship fund for eligible youth to provide access to recreational, cultural and social opportunities. Scholarship support is offered to local low-income families on an "as needed and available basis." All eligible applications will be considered. **The application fiscal year runs July 1<sup>st</sup> through June 30<sup>th</sup>.**

### **Limit:**

**\$250 per child** per fiscal year,  
**UP TO \$500 per family** per fiscal year (based on availability of funds)

**Please Note:**      **\*50% of the registration fee is due immediately upon scholarship application submittal for City of Atascadero activities.**

**\*\*"Extremely Low Income" families MAY qualify for a 100% scholarship with proof of 1040 Tax Return OR Current Pay Stub ONLY\*\***

***(Late registration fees or any additional fees are NOT covered)***

### **Proof of eligibility (REQUIRED-must show proof of at least one):**

- CalFresh/Food Stamps
- MediCal
- CalWorks
- Section 8 Voucher
- 1040 Tax Return (from previous year)
- Free or Reduced School Lunch
- Unemployment (check stub-current)

***Scholarships Will Be Awarded to Eligible Youth 2-17 Years of Age who LIVE in the Atascadero School District***

**City of Atascadero Scholarship Program  
SCHOLARSHIP FUND APPLICATION**

Good Until <u>6/30/2026</u>
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**PLEASE MAKE SURE TO PRINT LEGIBLY.**

**Please submit one scholarship form per child.** Youth must be 2-17 years of age & live in the Atascadero School District. Return to: City of Atascadero, 5599 Traffic Way, Atascadero, CA 93422 or walk in location is 5599 Traffic Way Atascadero. 805-470-3360

Applicant (Child) \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ **Race:** \_\_\_\_\_  
**Ethnicity:** \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Applicant's School \_\_\_\_\_ Grade \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ **Employed?** YES NO **Head of Household?** YES NO

Father/Guardian: \_\_\_\_\_ **Employed?** YES NO **Head of Household?** YES NO

Address of Requesting Party \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Evening) \_\_\_\_\_

**ACTIVITY:** \_\_\_\_\_ **ACTIVITY #** (City Activities Only): \_\_\_\_\_

**REGISTRATION FEE:** \_\_\_\_\_ **100%/50 % AMOUNT REQUESTED:** \_\_\_\_\_

**PLEASE CIRCLE PERSONS IN FAMILY & GROSS COMBINED YEARLY INCOME:**

HOUSEHOLD SIZE	A - Extremely Low	B - Very Low	C - Low
1 Person	\$29,200 max	\$48,650 max	\$77,950 max
2 Persons	\$33,400 max	\$55,600 max	\$89,050 max
3 Persons	\$37,550 max	\$62,550 max	\$100,200 max
4 Persons	\$41,700 max	\$69,500 max	\$111,300 max
5 Persons	\$45,050 max	\$75,050 max	\$120,250 max
6 Persons	\$48,400 max	\$80,650 max	\$129,150 max
7 Persons	\$51,750 max	\$86,200 max	\$138,050 max
8 Persons	\$55,050 max	\$91,750 max	\$146,950 max

**PLEASE CIRCLE ONE (Documentation REQUIRED):**

CalFresh/ Food Stamps	1040 Tax Return	Free/Reduced School Lunch	Unemployment Check (current)	MediCal	CalWorks	Section 8 Voucher
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**YOU MUST ATTACH PROOF OF ELIGIBILITY REGARDING THE ITEMS ABOVE**

I certify that all of the information provided above is true and correct. I further attest that the family meets the income criteria stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----CITY USE ONLY-----

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Amount Approved: \_\_\_\_\_ Funds: \_\_\_\_\_