



City of Escalon  
Recreation Department  
2060 McHenry Ave.  
Escalon, CA 95320

March 11, 2024

Dear scholarship applicant,

Thank you for your interest in our **Youth Recreation Scholarship Program** for the City of Escalon. Scholarships are awarded based on a variety of factors, including number of applicants, program costs and available funding. Please note the following:

- Scholarship is available for youth ages 16 and under.
- Applicants must meet the income guidelines (see Beneficiary Guideline Statement attached to this packet) and provide proof of income.
- Application must be thoroughly completed (including questions asking for ethnic background, disabilities, etc.) This information is a requirement of the federal government, from which scholarships are granted.
- Application must include all members of the household and all income received.
- Scholarship ends June 30, 2024; when a family has reached the \$200 limit; or when the scholarship fund has been depleted, whichever occurs first.
- Each eligible family may receive a maximum of \$200/fiscal year. The scholarship will pay for 80% with the participant paying for 20% of the activities. All City of Escalon youth sports programs are eligible; classes and sports clinics are excluded. Additional supply or material cost would be covered by the participant.
- Please deliver **completed** application and any required documentation to 2060 McHenry Ave., Escalon, CA 953203 or e-mail to [recreation@cityofescalon.org](mailto:recreation@cityofescalon.org). Incomplete applications may be disqualified. Please call (209) 691-7372 for assistance.
- You will be notified via e-mail or phone within one week upon determination of eligibility.

If you have any questions, please feel free to call (209) 691-7372.

Sincerely,

*Recreation Department*  
City of Escalon



City of Escalon  
Recreation Division  
2060 McHenry Ave.  
Escalon, CA 95320

## Youth Scholarship Application Checklist

- ☐ Completed 2024/2025 Youth Scholarship Program Application (All Pages) ☐

Completed Beneficiary Qualification Statement

Proof of address. *One of the following:*

- ☐ PG&E bill
- ☐ Utility bill
- ☐ Telephone bill

- ☐ Proof of income (for all members of household as applicable). *One of the following:*
- ☐ 2 months of paycheck stubs (paycheck, government assistance, disability, workers compensation, social security, ect.)
  - ☐ Copy of previous year's 1040 Tax Forms
  - ☐ Proof of participation in free or reduced lunch program (If applicable)

- ☐ Registered recreation account via City of Escalon Recreation [website](#)

- ☐ \*Supplemental forms (*provided as needed by the Recreation department after initial completed application and documents have been received and reviewed*)



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## 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 providing public services. This statement must be completed and signed by the person (or legal guardian of the person) requesting to receive benefits.

### Please answer each of the following questions.

1. How many persons are in your household? \_\_\_\_\_

*This question helps you to 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 boarders cannot be included as household members.*

2. In the blank provided, write the number of persons in your household from Question #1 and your combined gross annual income:

\_\_\_\_\_ \$ \_\_\_\_\_  
Number of Persons Combined gross annual income

*This question asks if you are from a very low- and low-income household. For this question a list of the 2022 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.*

*Example: There are four (4) persons in your household. The combined gross annual income of all persons in your household is \$45,000. According to the income categories below, the combined gross annual income amount for the number of persons in your household cannot exceed \$66,200 (LOW-INCOME).*

Number of Persons in Household	1	2	3	4	5	6	7	8
Low Income	\$46,350	\$53,000	\$59,600	\$66,200	\$71,500	\$76,800	\$82,100	\$87,400

\*Taken from 2022 CDBG Low-Income and Very Low-Income Limits.

3. Do you identify yourself as:

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> White  |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> American Indian/Alaska Native and White                        |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Asian and White  |
| <input type="checkbox"/> Hispanic                                  | <input type="checkbox"/> Black or African American and White                            |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> American Indian or Alaska Native and Black or African American |

4. Do you consider yourself to be Hispanic? (If Yes, Check Hispanic in Question 3) \_\_\_\_ Yes \_\_\_\_ No

5. Please state, **yes** or **no**, if you are a female Head of Household? \_\_\_\_\_

6. Please describe the condition that would qualify you as being considered in one of the following categories: very low- and low-income household, abused child, battered spouse, elderly person, homeless person, disabled person, illiterate person, or migrant farm worker.

\_\_\_\_\_

### CLIENT ACKNOWLEDGMENT AND DISCLAIMER

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UPDATED 4/25/2023

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



## City of Escalon Recreation Division

2060 McHenry Ave., Escalon, CA 95320

Phone (209)691-7372 Fax (209)691-7409

### 2023-2024 Youth Scholarship Program Application

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

How many persons in your household? \_\_\_\_\_ Combined gross annual income: \_\_\_\_\_

#### Names of all persons living at your address:

Child's Name	Date of Birth

Adult's Name	Date of Birth

#### 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, knowing to be false.

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#### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Scholarship Amount \$ 200/family

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Participants must be listed in the household.

				OFFICE USE ONLY \$200/family		
Participants Name	Program/Activity	Age	Fee	Date	Co-Pay	Scholarship Amt.