

The City of Martinez Youth Scholarship Fee Assistance Program is for individuals who are in need of financial assistance to participate in a Martinez Recreation youth program. Scholarships are granted based on eligibility and will pay up to 50% of the activity fee, not including lab fees. A limit of \$150 in scholarships per eligible child is available each fiscal year (July 1 through June 30). **Proof of income must be presented with this application.** 

### **Eligibility Requirements**

- Child must live within the Martinez City Limits or attend a school in the Martinez Unified School District; and
- Have an annual household income of less than the HUD "very low" poverty level set for Contra Costa County, per year, based on the number of people per household.

## Supporting Document (Must submit a copy of at least ONE with application)

- Income tax (Current or prior year)
- Social Security
- Unemployment Benefits
- Documentation from a Government Assistance Program
  - o (Example: SNAP, WIC, Medi-Cal, Medicaid, Lifeline, LIHEAP, etc.)

Scholarships are granted as long as funds are available. Program applicants may submit applications year-round for any advertised Martinez Recreation program. Scholarship funds are available for City of Martinez Youth Recreational Programs only.

**PLEASE NOTE:** Scholarship recipients are responsible for their own transportation to and from activity sites. If your child receives a scholarship, they <u>must</u> attend the program. *Failure to attend a program will result in temporary to permanent loss of future funding.* 

#### **CONTACT**

For more information, please contact the Martinez Recreation Office at (925) 372-3510 or by email at recreation@cityofmartinez.org.





# CITY OF MARTINEZ YOUTH SCHOLARSHIP APPLICATION

## **City of Martinez Youth Scholarship**

| DATE: <u>Fee Assistance Program Application</u> New Applicant ☐ Re-Apply ☐   |            |          |                                 |          |  |          |            |          |  |
|--|------------|----------|---------------------------------|----------|--|----------|------------|----------|--|
| SCHOLARSHIP APPLI  | ICANT INFO | RMATION  | ı                               |          |  |          |            |          |  |
| Applicant First Name App   |            |          | cant Last Na                    | me       | Date of Birth  |          | School     |          |  |
|  |            |          |                                 |          |  |          |            |          |  |
|  |            |          |                                 |          |  |          |            |          |  |
|  |            |          |                                 |          |  |          |            |          |  |
| PARENT/LEGAL GUARDIAN INFORMATION  |            |          |                                 |          |  |          |            |          |  |
| Parent/Legal Guardian First Name   |            |          | Parent/Legal Guardian Last Name |          |  | е        | Occupation |          |  |
|  |            |          |                                 |          |  |          |            |          |  |
|  |            |          |                                 |          |  |          |            |          |  |
| CONTACT INFORMATION  |            |          |                                 |          |  |          |            |          |  |
| Address/City/Zip   |            |          |                                 |          |  |          |            |          |  |
| Primary Phone  |            |          |                                 |          | Work Phone   |          |            |          |  |
| Email Address  |            |          |                                 |          |  |          |            |          |  |
| HUD "VERY LOW" INCOME CHART – PER NUMBER OF PEOPLE IN HOUSEHOLD  |            |          |                                 |          |  |          |            |          |  |
| Household Size   | 1          | 2        | 3                               | 4        | 5  | 6        | 7          | 8        |  |
| Household Income   | \$51,800   | \$59,200 | \$66,600                        | \$73,950 | \$79,900   | \$85,800 | \$91,700   | \$97,650 |  |
| Example: If your family size is 2 and your household income is \$59,200 or less, you are eligible for a scholarship  |            |          |                                 |          |  |          |            |          |  |
| # of People in Household Annual Gross Income   |            |          |                                 |          |  |          |            |          |  |
| Does your family receive any government assistance?  No Yes; what type   |            |          |                                 |          |  |          |            |          |  |
| Have you ever requested and/or received fee assistance from the City of Martinez? Yes No   |            |          |                                 |          |  |          |            |          |  |
| I hereby certify that the yearly family income indicated above represents all means of support from employment income and government assistance. I also declare that the content of the above information is true and correct. |            |          |                                 |          |  |          |            |          |  |
| Parent or Guardian Signature   |            |          |                                 |          | Date:  |          |            |          |  |
| ATTACH COPIES OF SUPPORTING DOCUMENTS TO THE SCHOLARSHIP APPLICATION   |            |          |                                 |          |  |          |            |          |  |
| See front page for list of examples  |            |          |                                 |          |  |          |            |          |  |
| SUBMIT BY MAIL:  |            |          |                                 |          | SUBMIT VIA EMAIL   |          |            |          |  |
| Martinez Recreation<br>525 Henrietta St. Martinez, CA 94553  |            |          |                                 | Em       | Email application and supporting documents to<br>recreation@cityofmartinez.org |          |            |          |  |
|  |            |          |                                 |          |  |          |            |          |  |
| OFFICE LISE ONLY   |            |          |                                 |          |  |          |            |          |  |

COMMENTS:

Date Submitted

Denied

Approved

Amount: \$

Year

Date

Approved by