

Tahoe City Public Utility District – Parks and Recreation Department
 740 Timberland Lane – P.O. Box 5249, Tahoe City, CA 96145
 (530) 583-3440

YOUTH SCHOLARSHIP PROGRAM

(All information is confidential)

PART I

Activity/Program _____ Date _____

Children Applying for Enrollment:

Name _____ Birth Date _____
 Name _____ Birth Date _____
 Name _____ Birth Date _____

PART II

Name _____ Social Security # _____
 Address _____ City _____ Zip _____
 Phone (home/cell) _____ Phone (Work) _____
 Employer-Father _____ Employer-Mother _____
 Total Number of Family Members _____ Email _____

Provide one a copy of the following for proof of eligibility:

Two payroll check stubs – AFDC – Recent check – Child support – Unemployment check

PART III

Sources of Income

Monthly Amount

A.	Wages, salary	\$ _____
B.	Public assistance, AFDC, welfare	\$ _____
C.	Alimony, child support	\$ _____
D.	Unemployment	\$ _____
E.	Co-habitant	\$ _____
F.	Other-social security, pension, etc.	\$ _____
	GROSS MONTHLY INCOME	\$ _____

PART IV

Name	Address	Home Phone	Work Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

	Yes	No
Are you able to pay the registration fee in monthly installments?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on the TTUSD lunch program?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to pay the registration fee by products/services in-kind?	<input type="checkbox"/>	<input type="checkbox"/>
List products or services _____		

FOR OFFICE USE ONLY

Original fee: _____ Subsidy: _____ Balance: _____ Int: _____

INSTALLMENT PLAN

Date: _____	Payment: _____	Balance: _____
Date: _____	Payment: _____	Balance: _____
Date: _____	Payment: _____	Balance: _____

Reason for approval or denial: _____

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YOUTH SCHOLARSHIP PROGRAM

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The Youth Scholarship Program was developed by the Tahoe City Parks and Recreation Department to assist local youth to participate in sports and activities within the Tahoe Truckee Unified School District boundaries. Funds are only available to youth 17 years and younger.

1. **MAXIMUM CASH SUBSIDY IS 50% PER CHILD.** The balance may be exchanged for services in-kind.
2. Program fees of \$20 or less do not qualify.
3. The balance of program cost must be settled at the time of application. Failure to meet or fulfill negotiated in-kind services will constitute a loss of future scholarship funds.
4. The criteria for qualification include current income and number of family members.
5. Each individual will be allotted three (3) programs to attend through the Scholarship Program in a given calendar year (January through December). Any requests over the three (3) programs per individual will be considered on a funds available basis.

INCOMES LESS THAN OR EQUAL TO THESE VALUES WOULD BE ELIGIBLE FOR A SCHOLARSHIP

<u>HOUSEHOLD SIZE</u>	<u>WEEKLY</u>	<u>MONTHLY</u>
1	\$370	\$1,604
2	\$499	\$2,159
3	\$627	\$2,714
4	\$755	\$3,269
5	\$883	\$3,824
6	\$1,011	\$4,379
7	\$1,139	\$4,934
8	\$1,267	\$5,489
Each additional family member	+ \$129	+ \$555