

## The City of Ontario Recreation & Community Services Department Empowerment Scholarship Application and Eligibility Guidelines 2021

The City of Ontario Recreation and Community Services Department's Empowerment Scholarship Program is made possible through donations and yearly fundraising efforts. This and other funding sources allow Youth, Adults, Seniors and Veterans from low-income backgrounds the opportunity to participate in recreation activities, classes, and programs that will enrich their lives and in turn, positively impact their families, schools and community.

### **ELIGIBILITY:**

**Empowerment Scholarships are awarded based on available funding and income-based need. A completed Empowerment Scholarship Eligibility Application is required in order to be considered. One application per applicant, per funding year, may be submitted.**

*\*Applicants must be the biological parent of the children named on the application, or have permanent, legal guardianship. \**

- 1. Applications will only be accepted in two ways: 1) through online submission OR 2) as a hard copy turned in at the Armstrong Community Center.**
2. All applications must be received a **minimum of two weeks prior** to the start of the activity, class, or program.
- 3. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**
- 4. Submittal of an application does not constitute approval.**
5. Applicants must live in the City of Ontario and be able to show proof of residency by submitting a **Driver's license, California ID Card, current utility bill (cell/phone, cable/internet, water, electricity, gas, car, ticket or insurance bill), a bank statement, or school registration form displaying an Ontario address with applicant name on it.**
6. Community members that are currently receiving public assistance such as SSI, WIC or any other type of Federal or State Aid and meet the income requirements listed below are welcome to apply. **Page 1 and 2 of your current/most recent Federal Income Tax Return is required.** A Federal or State Assistance award letter will only be required if you are not submitting a tax return. **Applicants must provide an image of a picture I.D. with their application.**

7. Images of original supporting documents are required and must be presented at the time of application submittal. Images must be clear and legible. **Applications without original supporting documents will be deemed incomplete and will NOT be accepted.**

| Applicant Category           | Additional Required Documents:  |
|------------------------------|---|
| <b>Youth (18 and under)</b>  | WIC, Notice of Action, or Proof of recent/current unemployment/reduction of employment hours.   |
| <b>Adults (Ages 18 – 50)</b> | Federal Tax Return, Social Security Documentation (SSA 1099R or 1099 forms), or Proof of recent/current unemployment/ reduction of employment hours |
| <b>Seniors (Ages 50+)</b>    | Federal Tax Return, Social Security Documentation (SSA 1099R or 1099 forms)   |
| <b>Veterans</b>              | California Driver's License with "VET" symbol displayed, DD214 Form, or VA card, issued by the San Bernardino County of Veteran's Affairs           |

**\*NOTE: Other supporting documents, not listed above, may be required to confirm and support application.**

8. **San Bernardino County Income Requirement Guide:**

| Number of Dependents                      | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8      |
|---|--------|--------|--------|--------|--------|--------|--------|--------|
| Income must be at or below figures listed | 37,750 | 43,150 | 48,550 | 53,900 | 58,250 | 62,550 | 66,850 | 71,150 |

**GUIDELINES:**

**All Applicants must abide by our department Code of Conduct Values throughout the application and funding process. Failure to do so may result in disqualification from the program.**

**Scholarship Amounts:**

- One-hundred dollars in scholarship funds, per qualifying participant, will be awarded per funding year.** Classes or programs that exceed the one-hundred-dollar scholarship amount are eligible for registration, however, the remaining balance is the sole responsibility of the scholarship recipient, parent or guardian to pay.
- The Empowerment Scholarship covers only the actual cost of the class or program.** All supply fees or equipment charges will be the sole responsibility of the scholarship recipient, parent or guardian to pay.

## Scholarship Award Dates & Participation Rules:

1. Failure to attend registered classes or programs without prior notification and approval, may disqualify you from future scholarship awards. Notification must be made to the scholarship coordinator or Armstrong office staff within one week of the class or program's start date. Scholarship Refunds will not be given to high demand programs which include, but is not limited to, Summer Camps and Aquatics.
2. If the program or class is canceled, the full amount will be refunded back to the recipient's scholarship account and may be used for another qualifying class.
3. **Failure to use 90%** of awarded scholarship funds by designated date will disqualify you from future Empowerment Scholarship funding. **All scholarships must be used by 12/31/2021.**

## Examples of Accepted Financial and Identification Documents Required for Application Submittal

### Required by ALL APPLICANTS:

- A government issued picture ID (passport, driver license, etc.)
- Federal Income Tax Return (we only need the page showing dependents and income (See Example))
- Current utility bill or other document proving Ontario residency with applicant name on it.



If you cannot provide a Federal Tax Return, supporting documentation of financial aid or assistance may be used. See Samples below:

Sample – Federal Tax Return

**1040** Department of the Treasury - Internal Revenue Service (09) **2018** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

Your first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Your social security number: \_\_\_\_\_

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

If joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)

Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street), if you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (see inst.)  You  Spouse

City, town, or post office, state, and zip code. If you have a foreign address, attach Schedule 6.

**Dependents (see instructions):**

| (1) First name | (2) Last name | (3) Social security number | (4) Relationship to you | (5) If <input type="checkbox"/> if qualifies for one inst: | Child tax credit | Credit for other dependents |
|----------------|---------------|----------------------------|-------------------------|--|------------------|-----------------------------|
|                |               |                            |                         |  |                  |                             |

**Sign Preparer Use Only**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_ Your occupation: \_\_\_\_\_ If the IRS sent you an Identity Protection PIN, enter it here (see inst.): \_\_\_\_\_

Spouse's signature, if a joint return, both must sign. Date: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_ If the IRS sent you an Identity Protection PIN, enter it here (see inst.): \_\_\_\_\_

Preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ PIN: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_ Check it:  3rd Party Designee  Self-employed

Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11300B Form **1040** (2018)

Form 1040 (2018)

1 Wages, salaries, tips, etc. Attach Form(s) W-2 1

2a Tax-exempt interest 2a 2b Taxable interest 2b

3a Qualified dividends 3a 3b Ordinary dividends 3b

4a IRAs, pensions, and annuities 4a 4b Taxable amount 4b

5a Social security benefits 5a 5b Taxable amount 5b

6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 6

7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 7

8 Standard deduction or itemized deductions (from Schedule A) 8

9 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- 9

10 Tax (see inst.) (check if any from: 1 Form(s) 8814 2 Form 4872 3 Form 8863) 10

11 a Add any amount from Schedule 2 and check here  b Add any amount from Schedule 2 and check here  11

12 a Child tax credit/credit for other dependents  b Add any amount from Schedule 3 and check here  12

13 Subtract line 12 from line 11. If zero or less, enter -0- 13

14 Other taxes. Attach Schedule 4 14

15 Total tax. Add lines 13 and 14 15

16 Federal income tax withheld from Forms W-2 and 1099 16

17 Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 17

18 Add lines 16 and 17. These are your total payments 18

19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid 19

20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here 20a

20b Routing number 20b

21 Amount of line 19 you want applied to your 2019 estimated tax 21

22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions 22

23 Estimated tax penalty (see instructions) 23

Go to www.irs.gov/Form1040 for instructions and the latest information. Form **1040** (2018)

# Examples of Accepted Financial and Identification Documents Required for Application Submittal

Sample - 1099R

|   |  |   |   |
|---|--|---|---|
| VOID CORRECTED  |  | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |   |
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. |  | 1 Gross distribution  | OMB No. 1545-0119                               |
|   |  | 2a Taxable amount   | 2019  |
|   |  | 2b Taxable amount not determined  | Form 1099-R                                     |
| PAYER'S TIN   | RECIPIENT'S TIN  | 3 Capital gain (included in box 2a)   | 4 Federal income tax withheld                   |
| RECIPIENT'S name  | 5 Employee contributions/Designated Roth contributions or insurance premiums | 6 Net unrealized appreciation in employer's securities  | Copy 1 For State, City, or Local Tax Department |
| Street address (including apt. no.)   | 7 Distribution code(s)   | 8 Other   |   |
| City or town, state or province, country, and ZIP or foreign postal code  | 9a Your percentage of total distribution                                     | 9b Total employee contributions   |   |
| 10 Amount allocable to IRR within 5 years   | 11 1st year of desig. Roth contrib.  | 12 State tax withheld   | 13 State/Payer's state no.                      |
| 14 State distribution   | FATCA filing requirement   | 15 Local tax withheld   | 16 Name of locality                             |
| 17 Local distribution   | Date of payment  | 18  | 19  |

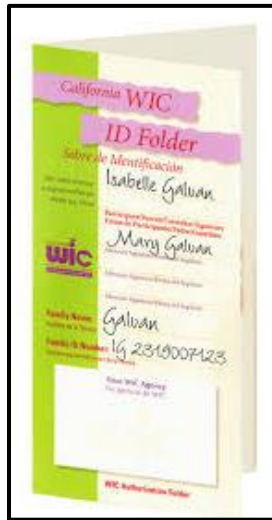
Sample - DD214

|  |  |  |                                |   |   |
|--|--|--|--------------------------------|---|---|
| 1. LAST NAME, FIRST NAME, MIDDLE NAME  |  | 2. SERVICE NUMBER  |                                | 3. SOCIAL SECURITY NUMBER                   |   |
| 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS   |  | 5a. GRADE, RATE OR RANK  | 5b. PAY GRADE                  | 6. DATE OF ENTRY                            | 7. U. S. CITIZEN                              |
| 8. PLACE OF BIRTH (City and State or Country)  |  | 9. DATE OF BIRTH   | 10. DATE OF ENTRY              | 11. TYPE OF TRANSFER OR DISCHARGE           | 12. STATION OR INSTALLATION AT WHICH EFFECTED |
| 13. KEY CITY ASSIGNMENT AND MAJOR COMMAND  |  | 14. CHARACTER OF SERVICE   | 15. TYPE OF CERTIFICATE ISSUED | 16. REASON AND AUTHORITY                    |   |
| 17. SELECTIVE SERVICE NUMBER   |  | 18. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE | 19. DATE INDUCTED              | 20. TYPE OF SERVICE                         |   |
| 21. TYPE OF TRANSFER OR DISCHARGE  |  | 22. STATION OR INSTALLATION AT WHICH EFFECTED                              |                                | 23. CHARACTER OF SERVICE                    |   |
| 24. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVE TRANSFERRED                                     |  | 25. DATE OF ENTRY INTO CURRENT ACTIVE SERVICE (Day and Month)              |                                | 26. STATEMENT OF SERVICE                    |   |
| 27. SPECIALTY NUMBER & TITLE   |  | 28. RELATED CIVILIAN OCCUPATION AND DUTY NUMBER                            |                                | 29. NET SERVICE PERIOD                      |   |
| 30. DEPARTMENTAL MEDALS, AWARDS, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED |  | 31. EDUCATION AND TRAINING COMPLETED                                       |                                | 32. REMARKS                                 |   |
| 33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE                               |  | 34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED                    |                                | 35. SIGNATURE OF OFFICER AUTHORIZED TO SIGN |   |

Sample - SSA 1099 (Social Security)

|  |   |   |
|--|---|---|
| FORM SSA-1042S - SOCIAL SECURITY BENEFIT STATEMENT   |   |   |
| 2019 - THIS FORM IS FOR USE IN FILING A UNITED STATES FEDERAL INCOME TAX RETURN. • DO NOT RETURN IT TO SOCIAL SECURITY. • READ THE INFORMATION ON THE REVERSE. |   |   |
| Box 1. Name  | Box 2. Beneficiary's Social Security Number |   |
| Box 3. Benefits Paid in 2019   | Box 4. Benefits Paid to SSA in 2019         | Box 5. Net Benefits for 2019 (Box 3 minus Box 4)                  |
| DESCRIPTION OF AMOUNT IN BOX 3   |   | DESCRIPTION OF AMOUNT IN BOX 4                                    |
| Box 6. Rate of Tax   |   | Box 7. Amount of Tax Withheld                                     |
| Box 8. Amount of Tax Refunded  |   | Box 9. Net Tax Withheld During 2019 (Box 7 minus Box 8)           |
| Box 10. Address  |   | Box 11. Claim Number (Use this number if you need to contact SSA) |

Sample - WIC



Sample - Notice of Action

|   |   |  |
|---|---|--|
| <p>Ontario TADSPS0103060192<br/>1937 E HOLT BLVD<br/>ONTARIO, CA 91761-2107</p> <p>STATE OF CALIFORNIA<br/>HEALTH AND HUMAN SERVICES AGENCY<br/>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</p> <p>NOTICE OF ACTION</p> <p>Jennifer M Cerna<br/>618 W J ST<br/>ONTARIO, CA 91762-1928</p>  |   | <p>COUNTY OF SAN BERNARDINO</p> <p>STATE OF CALIFORNIA<br/>HEALTH AND HUMAN SERVICES AGENCY<br/>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</p> <p>Notice Date: April 09, 2015<br/>Case Name: Jennifer M Cerna<br/>Case Number: 1553440</p> <p>TDD - For the Hearing Impaired: (800) 963-8349<br/>Worker Name: Ontario Back Court NACF<br/>Worker Number: 3615152501<br/>Worker Telephone: (877) 410-8829<br/>Office Hours: 8:30 AM - 4:30 PM</p> <p>Questions? Ask your worker.</p> <p>State Hearing: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.</p> |
| <p>As of April 09, 2015, the County has approved your CalFresh.</p> <p>You have been approved for Modified Categorical Eligibility.</p> <p>Your first day of CalFresh is May 01, 2015.</p> <p>Your monthly CalFresh amount is \$452.00. The certification period is May 01, 2015 to April 30, 2016.</p> <p>If you have questions about getting your card, your worker if you have questions about getting your card.</p> <p>Your CalFresh will be available through Electronic Benefit Transfer (EBT) the 10th of each month.</p> <p>Failure to report when your income is more than the Income Reporting Threshold (IRT) for your family size may result in your benefits being overpaid. Any overpaid benefits MUST be repaid. You may also be subject to fraud charges/penalties if you do not timely report required information to the County.</p> <p>If anyone in your family has earnings, you MUST report, within 10 days, when your family's total income (Earned + Unearned) is more than: \$2,144.00, which is your family's IRT.</p> <p>IF YOU ALSO APPLIED FOR CASH AID, and it has not been approved, your CalFresh benefits may be lowered or stopped without another notice if your cash aid is approved.</p> <p>Work Incentive Nutritional Supplement (WINS)</p> <p>As of May 01, 2015 you will receive ten dollars (\$10.00) in WINS food supplement benefits. This is in addition to your authorized allotment. You are receiving a WINS benefit</p> <p>Rules: These rules apply. You may review them at your local welfare office. ACL 13-71; ACIN 1-14-14; CFL 13-14-34; ACL 13-14; ACL 09-07; WIC Sections 15525 and 11253; 45 CFR Section 261.2; 16-215; 63-505.2; 22-001 (a) (1); 63-301.1; 63-501; 63-502; 63-503; 63-504.1; 63-506.22; ACL 03-18</p> <p>CIV NCA</p> | <p><b>Part 1 - Gross Income Eligibility effective: May 01, 2015</b></p> <p>Earned Income \$1,119.00<br/>Unearned Income -\$14.08<br/>Total Gross Nonexempt Income \$1,133.08</p> <p><b>Part 2 - Gross Income Eligibility effective: May 01, 2015</b></p> <p>Adjusted Gross Earned Income \$1,119.00<br/>Gross Unearned Income \$14.08<br/>Total Deductions -\$553.80<br/>Preliminary Adjusted Income -\$579.28</p> <p>Excess Shelter Costs \$383.38<br/>Maximum Allowance for Shelter \$450.00<br/>Allowable Shelter Deduction \$383.38<br/>Net Monthly Income \$196.00</p> <p><b>Net Income Test</b></p> <p>Household Size 3<br/>Maximum Net Income \$0.00<br/>Net Income Eligible Yes</p> <p><b>Benefits</b></p> <p>Full Month Allotment \$452.00<br/>Prorated Allotment \$452.00<br/>Final Allotment \$452.00<br/>Allotment Adjustments -\$0.00<br/>Authorized Allotment Amount \$452.00</p> |  |

# Ontario Community Centers

## COVID-19 CODE OF CONDUCT

THE CITY OF ONTARIO SUPPORTS THE RIGHTS OF COMMUNITY MEMBERS TO ACTIVELY USE THE CITY'S COMMUNITY CENTERS AND TO PARTICIPATE IN PROGRAMS AND ACTIVITIES. THIS CODE OF CONDUCT GOVERNS THE USE OF ALL ONTARIO COMMUNITY CENTERS. THE PURPOSE OF THE CODE IS TO ENSURE THAT ALL COMMUNITY MEMBERS HAVE ACCESS TO USE THE FACILITY IN A PEACEFUL AND SAFE MANNER. COMMUNITY CENTER STAFF ARE AUTHORIZED TO STOP ANY ACTIVITY WHICH THEY CONSIDER VIOLATES THIS CODE OF CONDUCT, INCLUDING, BUT NOT LIMITED TO, ANY ACTIVITY HARMFUL TO THE SAFETY, AND WELL-BEING OF COMMUNITY MEMBERS AND STAFF OR TO THE OPERATIONS AND ACTUAL FACILITY OF ANY ONTARIO COMMUNITY CENTER. ALL COMMUNITY MEMBERS MUST HAVE A SIGNED EMERGENCY CARD ON FILE BEFORE ENGAGING IN ANY ACTIVITY OR PROGRAM OFFERED AT COMMUNITY CENTERS.

DURING THIS TIME OF EXTRAORDINARY CIRCUMSTANCES, THE RECREATION & COMMUNITY SERVICES DEPARTMENT HAS INCLUDED A SECTION IN THE CURRENT CODE OF CONDUCT SPECIFICALLY ADDRESSING COVID-19. THE PURPOSE OF THIS ADDITION IS TO PROVIDE FURTHER PROTECTIVE MEASURES TO BOTH COMMUNITY MEMBERS AND STAFF. COMMUNITY CENTERS AND PROGRAMMING WILL OPEN IN PHASES IN ACCORDANCE WITH STATE, COUNTY AND LOCAL GUIDANCE. WE ASK FOR YOUR PATIENCE AS WE MOVE TOWARDS REOPENING OUR FACILITIES WITH CAUTION AND SAFETY MEASURES IN PLACE.

### THE FOLLOWING GUIDELINES WILL BE IN PLACE UNTIL FURTHER NOTICE:

- Only a limited number of community members will be allowed in the Community Center at one time.
- Staff will check the temperature of each community member entering a Community Center. Community Members with a temperature of over 100 degrees will not be allowed to enter the community center.
- Hours of operation will vary by location and program needs.
- Some recreation programs and activities will not be available until deemed safe for participants and staff, this can include fitness rooms and gymnasiums.
- Computer Labs if opened, will be limited in space adhering to physical distancing guidelines. Sanitizing procedures will be conducted before and after each use.
- Physical distancing will be enforced, 6 feet distance (about 2 arms' length).
- Wearing of face coverings will be required for all participants except for children younger than 2 years old or anyone who has a medical condition that would prevent them from wearing a mask.
- All Community Centers will have temporary sanitizing periods throughout the day. Participants may be asked to leave an area of the Community Center or asked to wait outside until sanitizing is completed.

**Please stay home if you have a fever over 100 degrees, experiencing any COVID-19 symptoms or if you have been in contact with anyone who tested positive for COVID - 19 within the last two weeks. Community members exhibiting COVID-19 related symptoms, identified by the CDC, such as a combination of respiratory symptoms, fever and shortness of breath will be asked to leave the community centers.**

**THE COVID-19 CODE OF CONDUCT MAY BE AMENDED/REVISED IN RESPONSE TO CHANGES DURING THE PANDEMIC**

### A COMMUNITY MEMBER ENGAGED IN THE FOLLOWING BEHAVIORS WILL BE ASKED TO STOP THE BEHAVIOR, AND MAY BE ASKED TO LEAVE THE COMMUNITY CENTER:

- Fighting or threatening harm to another community member or staff.
- Being under the influence of drugs and/or alcohol.
- Behaving in a loud, disruptive, boisterous manner or engaging in conversations that create excessive noise. This includes sexual, racial or ethnic harassment through comments, words, gestures or disruption of programs.
- Stealing, vandalizing, damaging or defacing City property or other community members' belongings.
- Wearing clothing adorned with sexually suggestive slogans, profanity, lewd pictures or that which is identifiable with any gang.
- Failing to maintain control over personal belongings, blocking or interfering with free passage or creating a hazard; or bringing into the community center bicycles, large backpacks, carts and other bulky items without approval.
- Plugging a device into electric/network communications outlets without approval.
- Sleeping in the Community Center.
- Making use of the restrooms for any purpose for which they were not intended.

#### Community Members are expected to:

- Function on their own or with the assistance of a chaperone. Children under 7 years old must be supervised by a parent, guardian or other adult member of the family.
- Maintain personal hygiene.
- Be respectful to others.
- Observe all state and local laws, policies, ordinances, and regulations.
- Follow policies regarding food and drink in designated areas.
- Follow the posted guidelines for the use of public computers.
- Community members must be fully clothed when entering and participating at community centers.

THE ONTARIO SENIOR CENTER IS DESIGNED AND PROGRAMMED FOR ACTIVE ADULTS AGES 50 AND UP. OCCASIONALLY, COMMUNITY MEMBERS UNDER THE AGE OF 50 WILL BE ALLOWED TO ATTEND SPECIAL PROGRAMMING INCLUDING CHILDREN UNDER THE AGE OF 18, IF ACCOMPANIED BY AN ADULT.

FAILURE TO COMPLY WITH THIS CODE OF CONDUCT MAY RESULT IN TEMPORARY OR PERMANENT EXPULSION FROM THE FACILITY AND ITS PROGRAMS. THE ONTARIO COMMUNITY CENTERS EXPULSION POLICY PROVIDES FOR A LIMITED RIGHT OF REVIEW OR APPEAL OF DECISIONS MADE BY COMMUNITY CENTER STAFF UNDER THESE RULES. SEE THE EXPULSION POLICY FOR DETAILS.

TIMESTAMP:

[Redacted Timestamp Box]



# Empowerment Scholarship Application 2021

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ No Email? Please check:

Please check which applicant category/categories that apply to you:

Youth

Adult

Senior

Veteran

Please list all individuals interested in receiving a scholarship:

| Name | Birth Date | Adult or Child (Use A or C) | Relationship to Applicant |
|------|------------|-----------------------------|---------------------------|
| 1.   |            |                             |                           |
| 2.   |            |                             |                           |
| 3.   |            |                             |                           |
| 4.   |            |                             |                           |
| 5.   |            |                             |                           |
| 6.   |            |                             |                           |
| 7.   |            |                             |                           |
| 8.   |            |                             |                           |
| 9.   |            |                             |                           |
| 10.  |            |                             |                           |

I certify that all the information provided on this form is true and correct and I have read, understand, and agree with all the terms and conditions of the Empowerment Scholarship Application.

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

