

City of Ontario Recreation & Community Services Department
Empowerment Scholarship Program
2022 Application & Eligibility Guidelines

The City of Ontario Recreation & 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 funding year, may be submitted.

When applying for or with youth under 18, applicants must have permanent legal guardianship of the child(ren)'s named AND have them appear on the required Federal Income Tax Return documentation.

1. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**
2. **Applications will only be accepted in two ways:**
 - a. **Through online submission**
 - OR**
 - b. **As a hard copy turned in at the Armstrong Community Center, located at 1265 S. Palmetto Avenue, Ontario, CA 91762**
3. All applications must be received a **minimum of two weeks prior** to the start of the activity, class, or program.
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. Applicants must provide an image of a picture I.D. with their application.**
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

KEEP THIS PAGE FOR YOUR RECORDS

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.

- 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
Youth (17 and under)	WIC, Notice of Action, or Proof of recent/current unemployment/reduction of employment hours
Adults (Ages 18 – 50)	Federal Tax Return, Social Security Documentation (SSA 1099R or 1099 forms), or Proof of recent/current unemployment/ reduction of employment hours
Seniors (Ages 50+)	Federal Tax Return, Social Security Documentation (SSA 1099R or 1099 forms)
Veterans	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 Limits Requirement Guide

Number of Dependents	1	2	3	4	5	6	7	8
Income must be at or below figures listed	\$44,250	\$50,600	\$56,900	\$63,200	\$68,300	\$73,350	\$78,400	\$83,450

GUIDELINES

All Applicants must abide by the Recreation & Community Services Code of Conduct throughout the application and funding process. Failure to do so may result in disqualification from the program.

Scholarship Amounts

- \$250.00 in scholarship funds per qualifying participant, will be awarded per funding year.** Classes or programs that exceed the \$250.00 scholarship amount are eligible for registration, however, the remaining balance is the sole responsibility of the scholarship recipient, parent, or guardian to pay.

KEEP THIS PAGE FOR YOUR RECORDS

- 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

- 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 Ontario Recreation & Community Services Department 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.
- 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.
- All funds will expire by 12/31/2022. Failure to use 90%** of awarded scholarship funds by designated date may disqualify you from future Empowerment Scholarship funding. Note: These funds can be used to pay for Winter 2022/2023 (December 2022, January 2023, February 2023) classes and programming as long registrations are completed by 12/31/2022.

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

KEEP THIS PAGE FOR YOUR RECORDS

Examples of Accepted Financial and Identification Documents Required for Application Submittal

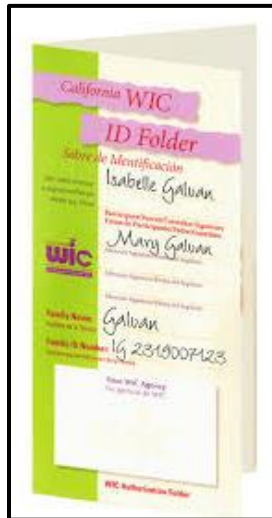
Sample - 1099R

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

Sample - DD214

1. LAST NAME, FIRST NAME, MIDDLE NAME 2. SERVICE NUMBER		3. SOCIAL SECURITY NUMBER	
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY RA SIG		5a. GRADE, RATE OR RANK SP-4	
6. PLACE OF BIRTH (City and State or Country) TEXAS		7. U. S. CITIZEN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
8. SELECTIVE SERVICE NUMBER 9. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE		10. DATE INDUCTED JUN 48	
11a. TYPE OF TRANSFER OR DISCHARGE TRF TO USAR (SEE 16)		11b. STATION OR INSTALLATION AT WHICH EFFECTED FT DIX NJ	
12. REASON AND AUTHORITY AR 635-200 SEP 411 EARLY SEP FR OS		13. DATE OF EFFECTIVE DATE 31 MAR 70	
14. KEY CITY ASSIGNMENT AND MAXIMUM COMMAND SVC BRY 2D BR 6TH ARMY USARMY		15. CHARACTER OF SERVICE HONORABLE	
16. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVEY TRANSFERRED TRF TO USAR COW GP (REINP) USAAC ST LOUIS MO		17. TYPE OF CERTIFICATE ISSUED RE-1	
18. TERMINAL DATE OF RESERVEY (UNITED STATES MILITARY RESERVEY) 10 APR 73		19. SOURCE OF ENTRY 1. REENLISTED (New Inductee) <input checked="" type="checkbox"/> 2. ENLISTED (Prior Service) <input type="checkbox"/> 3. REENLISTED <input type="checkbox"/>	
20. PRIOR REGULAR ENLISTMENTS NONE		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE (See and App.) PV-1	
22. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, Apt. No., County, State and ZIP Code) WIREMAN 829,281		23. STATEMENT OF SERVICE (a) NET SERVICE THIS PERIOD 2 11 20 (b) OTHER SERVICE 2 11 20 (c) FOREIGN AND SEA SERVICE (SEE 30) 1 9 26	
24. SPECIALTY NUMBER & TITLE WIREMAN WIREMAN MAINT		25. CREWABLE FOR RESERVEY PURPOSES YES <input type="checkbox"/> NO <input type="checkbox"/>	
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED GOOD CONDUCT MEDAL NATIONAL DEFENSE SERVICE MEDAL VIETNAM SERVICE MEDAL SHARPSHOOTER M-14 SHARPSHOOTER M-16		27. EDUCATION AND TRAINING COMPLETED ATP 21-114 CODE OF CONDUCT C B H TWO RVN TWO WIREMAN 8 WKS 67	
28. HONORARY PERIODS TIME LOST (Indicate the Reason) NA		29. DAYS ACCRUED LEAVE PAID (USU or EUCU) YES <input type="checkbox"/> NO <input type="checkbox"/>	
29a. VA CLAIM NUMBER C		29b. SERVICE MEMBER'S GROUP LIFE INSURANCE COVERAGE YES \$10,000 <input checked="" type="checkbox"/> \$5,000 <input type="checkbox"/> NONE <input type="checkbox"/>	
30. REMARKS BLOOD GP 0 8 YRS ELEM (G33) USARPAC VIETNAM 22 OCT 67 - 20 OCT 68 USARMY GERMANY 3 JUN 69 - 5 APR 70		31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, Apt. No., County, State and ZIP Code) CPT FA ASST CHIEF ENL BRANCH	
32. SIGNED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER CPT FA ASST CHIEF ENL BRANCH		33. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED	

Sample - WIC



Sample - Notice of Action

Ontario TADESPRING Care/ID 1937 E HOLT BLVD ONTARIO, CA 91761-2107		COUNTY OF SAN BERNARDINO STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
NOTICE OF ACTION		Notice Date: April 09, 2015 Case Name: Jennifer M Carma Case Number: 1553440	
Jennifer M Carma 618 W J ST ONTARIO, CA 91762-1928		TDD - For the Hearing Impaired: (800) 963-8349 Worker Name: Ontario Back Court NACF Worker Number: 3615152501 Worker Telephone: (877) 410-8829 Office Hours: 8:30 AM - 4:30 PM	
As of April 09, 2015, the County has approved your CalFresh.		Questions? Ask your worker. 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.	
You have been approved for Modified Categorical Eligibility. Your first day of CalFresh is May 01, 2015.		Part 1 - Gross Income Eligibility effective: May 01, 2015 Earned Income \$1,119.00 Unearned Income -\$14.08 Total Gross Nonexempt Income = \$1,133.08	
Your monthly CalFresh amount is \$452.00. The certification period is May 01, 2015 to April 30, 2016.		Part 2 - Gross Income Eligibility effective: May 01, 2015 Adjusted Gross Earned Income \$1,119.00 Gross Unearned Income \$14.08 Total Deductions -\$653.80 Preliminary Adjusted Income = \$579.28	
Your CalFresh will be available through Electronic Benefit Transfer (EBT) the 10th of each month.		Excess Shelter Costs \$383.36 Maximum Allowance for Shelter \$480.00 Allowable Shelter Deduction \$383.36 Net Monthly Income = \$196.00	
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.		Net Income Test Household Size 3 Maximum Net Income \$0.00 Net Income Eligible Yes	
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.		Benefits Full Month Allotment \$452.00 Prorated Allotment \$452.00 Final Allotment \$452.00 Allotment Adjustments -\$0.00 Authorized Allotment Amount \$452.00	
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.		Work Incentive Nutritional Supplement (WINS) 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.	

KEEP THIS PAGE FOR YOUR RECORDS

TIMESTAMP:

[Redacted Timestamp Box]



2022 Empowerment Scholarship Application

Name of Applicant: _____ Date: _____

Street Address: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____ No Email? Please check:

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

- Youth (17 or under)
- Adults (18-50)
- Seniors (50+)
- 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: _____

KEEP THIS PAGE FOR YOUR RECORDS

