

# THE CITY OF ONTARIO RECREATION & COMMUNITY SERVICES YOUTH EMPOWERMENT SCHOLARSHIP (Y.E.S.) —— APPLICATION AND ELIGIBILITY GUIDELINES 2020 ——

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

Scholarships are awarded based on available funding, family need and a completed Y.E.S. Eligibility Application. One application per household, per funding year, may be submitted. Applicant must be the biological parent of the children named on the application, or have permanent, legal guardianship.

## **ELIGIBILITY:**

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

- Children 16 months 18 years of age who qualify in one of the following categories:

   currently receiving public assistance such as SSI, WIC or any other type of Federal or State Aid and meet the income requirements listed below OR (2) meet the income requirements and are able to submit a copy of page 1 & 2 of the current federal income tax return.
- 2. Applicants must live in the City of Ontario and be able to show proof of residency by submitting one of the following documents displaying an Ontario address:
  - A current utility bill (cell/phone, cable/internet, water, electricity or gas)
  - Bank statement
  - School registration form
- 3. Original supporting documents, including photo I.D., are required and must be presented at the time of application submittal. Applications without original supporting documents will be deemed incomplete and will NOT be accepted. See Page 3 for examples of supporting documents.
- 4. Participants who are 18 years old must show proof of high school enrollment.
- 5. San Bernardino County Guidelines Income must be at or below figures listed:

1	2	3	4	5	6	7	8	
\$37,750	\$43,150	\$48,550	\$53,900	\$58,250	\$62,550	\$66,850	\$ <i>7</i> 1,150	

## NUMBER OF PERSONS IN HOUSEHOLD

## **SCHOLARSHIP AMOUNTS:**

- 1. 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.
- 2. The number of scholarships issued to the Community will be based on available funding.
- 3. The Y.E.S. Scholarship covers only the 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.
- 2. Scholarship refunds will not be given to high demand programs which include, but is not limited to, Youth Sports, Summer Camps and Aquatics.
- 3. 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.
- 4. Applications will only be accepted at the Armstrong Community Center and must be received a minimum of two weeks prior to the start of the class, activity, or program.
- 5. Failure to use 90% of awarded scholarship funds by designated date will disqualify the applicant from future Y.E.S. funding. All Scholarships must be used by Wednesday, March 31, 2022. No exceptions.

NOTE: Incomplete applications will not be accepted. Submitting an application does not constitute approval or receipt of funding.

For more information call the Armstrong Community Center at (909) 395-2020.

## **REQUIRED DOCUMENTS:**

The following documents are required of ALL applicants at the time of application submittal.

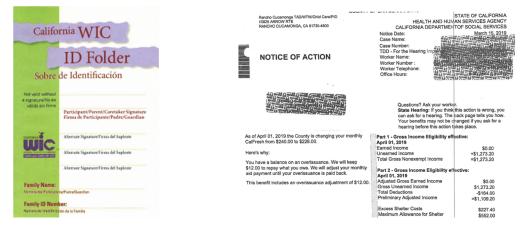
• A government issued photo I.D. Example:



• Federal Income Tax Return. Only the pages showing dependents and income is needed. Example:

					Form 1040 (201	9)								- Regge 2
J1040	Department of the Treasury-Internal Revenue Serv U.S. Individual Income Tax	x Return 2019 CMB No. 1545-		lyDo not write or staple in this space.			Tax (see inst.) Check if any from Fo				12a			
	0.3. mutviduar medine Tax	K Retuini 0 OMB No. 1545-	2074 THS Use On	ryDo not write or stapse in this space.		b	Add Schedule 2, line 3, and line	12a and enter the	total			1	26	
Filing Status					13a	Child tax credit or credit for othe	r dependents			13a			· · · · ·	
Check only one box.	in you checked the kin's box, enter the name of spouse, in you checked the north or own box, enter the child's name if the qualitying person is				b	Add Schedule 3, line 7, and line	13a and enter the	total			<b>&gt;</b> 1	3		
one box.	a child but not your dependent.					14	Subtract line 13b from line 12b. I	f zero or less, ent	ier-0			· · · 1		
Your first name	and middle initial	Last name		Your social security number		15	Other taxes, including self-emplo	ryment tax, from \$	Schedule 2, line	10		L	5	
						16	Add lines 14 and 15. This is your	total tax				<b>.</b> 🕨 🚺	6	
If joint return, s	pouse's first name and middle initial	Last name		Spouse's social security number		17	Federal income tax withheld from	Forms W-2 and	1099			I 🚹	17	_
					If you have a	18	Other payments and refundable	credits:						
Home address	(number and street). If you have a P.O. box, see	instructions.	Apt. no.	Presidential Election Campaign Check here if you, or your socuse if filing	qualitying child, attach Sch. EIC.	a	Earned income credit (EIC) .				18a			
				jointly, want \$3 to go to this fund.	<ul> <li>If you have</li> </ul>	b	Additional child tax credit. Attach	Schedule 8812			18b			
City, town or pr	ost office, state, and ZIP code. If you have a fore	eign address, also complete spaces below (see instruct	ions).	Checking a box below will not change your	nontaxable combat pay, see	c	American opportunity credit from	Form 8863, line	8		18c			
		Realized and the first free second		tax or refund. You Spouse	instructions.	d	Schedule 3, line 14				18d			
Foreign country	rname	Foreign province/state/county	Foreign postal code	If more than four dependents, see instructions and			Add lines 18a through 18d. Thes	e are your total o	ther payments	and refundable crea	Sts	<b>&gt;</b>	8e	
Standard	Someone can claim: You as a depende	Int Your spouse as a dependent				19	Add lines 17 and 18e. These are	your total payme	ents			F	19	
Deduction	Spouse iterrizes on a separate return or				Refund	20	If line 19 is more than line 16, sul	stract line 16 from	n line 19. This is	the amount you over	paid		20	
					neruna	21a	Amount of line 20 you want refu	nded to you. If Fo	orm 8888 is atta	ched, check here .		🗋	la	
Age/Blindness	You: Were born before January 2, 1955			Is blind	Direct deposit?	►b	Routing number			► c Type:	Checking	Savings		
	ten inchactions):	(3) Relationship to you		if qualifies for (see instructions):	See instructions.	►d	Account number						<u>۱</u>	
(1) First sime	Last name		Child tax of	redit Credit for other dependents		22	Amount of line 20 you want appl	ied to your 2020	estimated tax	<b>.</b> •	22		N	/
<u> </u>					Amount	23	Amount you owe. Subtract line	19 from line 16. F	or details on ho	w to pay, see instruct	ions		23	
<u> </u>					You Owe	24	Estimated tax penalty (see instru	ctions)						
-			<u> </u>		Third Party	Do	you want to allow another person	(other than your p	paid preparer) to	discuss this return w	ith the IRS? See	instructions.	Yes. or	plete by ow.
			U		Designee								🗌 No 🚬	$\sim$
	1 Wages, salaries, sps, etc. Attach Form				(Other than		signee's		Phone			onal identification	n	
		2a b Taxable interest. At 3a b Ordinary dividends. A			paid preparer)		me 🕨		no. 🕨			iber (PIN)		
Standard Deduction for-			atach Sch. Bill requ		Sign	Un	der penalties of perjury, I declare that I I rect, and complete. Declaration of prepa	have examined this i	return and accorry	canying schedules and s	tatements, and to t	the best of my know	riedge and belie	f, they are true,
Single or Married		4c d Taxable amount			Here			rei (orne einer nope			eparer has any know		S sent you an	L.L.
filing separately, \$12,200		5a b Taxable amount		56		YO	eur signature		Date	Your occupation			on PIN, enter i	
Married filing		D if required. If not required, check here			Joint return?	<b>L</b>						(see inst		
jointly or Qualifying widow(er),	7a Other income from Schedule 1, line 9			78	See instructions.	Sp	ouse's signature. If a joint return, t	oth must sign.	Date	Spouse's occupati	on	If the IRS	3 sent your sp	ouse an
\$24,400 • Head of	b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	Za. This is your total income		► 7b	Keep a copy for your records.	1							Protection PIN	I, enter it here
household, \$18,350	8a Adjustments to income from Schedule	1, line 22		8a	jour records.	_						(see inst		
\$18,350 • If you checked	b Subtract line 8a from line 7b. This is vo			► 85			ione no.		Email address					
any box under Standard	9 Standard deduction or itemized ded	uctions (from Schedule A) 9			Paid	Pn	eparer's name	Preparer's signa	ture		Date	PTIN	Check if	
Deduction, see instructions.	10 Qualified business income deduction. A	Attach Form 8995 or Form 8995-A 10			Preparer	_								Party Designee
see instructions.	11a Add lines 9 and 10			1	Use Only		m's name 🕨				Phone no.			-employed
	b Taxable income. Subtract line 11a from	m line 8b. If zero or less, enter -0		. 110	ose only	Fir	m's address 🕨					Firm's El	IN 🕨	
For Disclosure,	Privacy Act, and Paperwork Reduction Act N	lotice, see separate instructions. C	at. No. 11320B	Form 1040 (2019)	Go to www.irs.g	ov/Form	n1040 for instructions and the later	it information.					Form	1040 (2019)

If a Federal Tax Return cannot be provided, supporting documentation of financial aid or assistance may be used. Examples:



• Current utility bill or other document proving Ontario residency.

\*NOTE: Other supporting documents not listed above may be required to establish permanent, legal guardianship.

# Ontario Community Centers COVID-19 CODE OF CONDUCT

THE CITY OF ONTARIO SUPPORT 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.





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## THE CITY OF ONTARIO RECREATION & COMMUNITY SERVICES YOUTH EMPOWERMENT SCHOLARSHIP (Y.E.S.)

**OFFICE USE ONLY** 

Date/Time:

Staff (Full Name):

Name of Applicant:		Date:
Address:		Zip:
Phone:	Alternate Phone:	

Email:

# PLEASE LIST ALL FAMILY MEMBER(S) LIVING IN YOUR HOUSEHOLD:

Name	Birth Date	Adult or Child	Relationship to Applicant	Scholarship Recipient?	
	/ /	Adult Child		Yes No	
	/ /	Adult Child		Yes No	
	/ /	Adult Child		Yes No	
	/ /	Adult Child		Yes No	
		Adult Child		Yes No	
	/ /	Adult Child		Yes No	
		Adult Child		Yes No	
	/ /	Adult Child		Yes No	

Income must be at or below the figures listed. Click the number of persons living in your household:

1	2	3	4	5	6	7	8
\$37,750	\$43,150	\$48,550	\$53,900	\$58,250	\$62,550	\$66,850	\$ <b>7</b> 1,150

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 Y.E.S. application.

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

**OPTIONAL:** Please share with us how you or your family member will benefit from a Youth Empowerment Scholarship (Y.E.S.).

# **EVERY PERSON DESERVES THE OPPORTUNITY TO GROW...**

