



**25-26 City of San Dimas Parks & Recreation Department
Youth Assistance Scholarship Program (YASP) APPLICATION**

Parent/Guardian 1 (Last) _____ (First) _____ Resides at residence? Yes ☐ No ☐

Parent/Guardian 2 (Last) _____ (First) _____ Resides at residence? Yes ☐ No ☐

Address: _____ City: _____ Zip: _____

Phone #: _____ Email: _____ @ _____

Please list all children who wish to participate:

[Please see information below]

	NAME (FIRST AND LAST)	BIRTH DATE	SEX	SCHOOL	RACE*	ETHNICITY*
Participant #1						
Participant #2						
Participant #3						
Participant #4						

This is a federally funded program. For reporting purposes only, please use the information below when determining the race and ethnicity of potential program participants on the table above.

***Ethnicity**

A. Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

B. Non-Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

***Race**

1. American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment

2. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

3. Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

4. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa. Peoples of Europe, the Middle East or North Africa.

Household Income

The following documents must be submitted with your Application:

- ☐ **1. Copy of three (3) current pay stubs**
- ☐ **2. Last year's federal and state income tax returns for all adult household members**
- ☐ **3. Any current public assistance award letter(s) for each adult household member (Includes SSI, TANF, EDD, etc.)**
- ☐ **4. Copy of a California Driver's License or California ID card for all adult household members**
- ☐ **5. Proof of Residency (i.e. utility bill, lease agreement, etc.)**

Please list all household members below

OFFICE USE ONLY	NAME (FIRST AND LAST)	ADULT OR CHILD	BIRTH DATE	SEX

If necessary, additional household members should be listed on a separate sheet of paper.

TOTAL GROSS MONTHLY INCOME PARENT/GUARDIAN #1: \$ _____

TOTAL GROSS MONTHLY INCOME PARENT/GUARDIAN #2: \$ _____

ADDITIONAL GROSS MONTHLY HOUSEHOLD INCOME: \$ _____

Female Head of Household? Yes ☐ No ☐

of Adults in Family? _____

of Children in Family? _____

NO EARNED INCOME STATEMENT

Please complete the section below if you do not have any earned income, (example: you only receive public assistance or child support).

I, _____ understand and acknowledge that, regarding the income reported in this application, I have not received any earned income for the period reported and acknowledge and understand that qualification for assistance funded under this program is based upon having a qualifying family income for the number of persons in the household, and that the income levels I have certified to in this statement are current as of the date signed. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification

Under penalties of perjury, I declare that I have verified the information provided to be true, correct and have accurately listed all amounts and income. I understand and agree that I must pay the balance of any fees due, in full, prior to any child beginning an activity.

Signature of Applicant _____

Relationship to Child _____

Date _____

Signature of Applicant _____

Relationship to Child _____

Date _____

For Staff Use Only

Date of Intake: ____ / ____ / ____

Initial Review : Alexis Luna, Departmental Assistant

Approval Recommendation: Yes ☐ No ☐

Staff Signature _____

Final Review : Dominique Borba, Recreation Supervisor

Final Approval: Yes ☐ No ☐

Staff Signature _____

Approval Date: ____ / ____ / ____

Income Eligibility Expiration Date: ____ / ____ / ____