



**City of San Dimas Parks & Recreation Department
Youth Assistance Scholarship Program (YASP) Application**

Parent/Guardian Information

Parent/Guardian #1

Last Name: _____ First Name: _____

Resides at Address? Yes No

Parent/Guardian #2

Last Name: _____ First Name: _____

Resides at Address? Yes No

Address: _____

City: _____ **ZIP:** _____

Phone Number: _____

Email: _____ @ _____

Child(ren) Information

Please list all children who will participate in programs using scholarship funds.

Participant	First and Last Name	Birth Date	Sex	School	Race*	Ethnicity*
#1						
#2						
#3						
#4						

Race & Ethnicity Reporting (Federal Requirement)

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."

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

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.

2. 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.”

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

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.

Activity Registration

Please list the programs each participant will use scholarship funds for:

1. Participant #1: _____
2. Participant #2: _____
3. Participant #3: _____
4. Participant #4: _____

Household Family Information

Name (First and Last)	Adult or Child	Birth Date	Sex

If additional space is needed, attach a separate sheet.

Income Information

Total Gross Monthly Income – Parent/Guardian #1: \$ _____

Total Gross Monthly Income – Parent/Guardian #2: \$ _____

Additional Gross Monthly Family Income: \$ _____

Female Head of Household? Yes No

Number of Adults in Household: _____

Number of Children in Household: _____

No Earned Income Statement

Complete this section only if applicable.

I, _____, certify that I have not received any earned income during the period reported in this application. I understand that eligibility for assistance is based on household income and family size, and that all information provided is subject to verification.

I understand that knowingly providing false or misleading information may result in repayment of funds received and/or legal action.

I understand that I am responsible for any remaining program fees not covered by scholarship funds.

Applicant Certification

By signing below, I acknowledge and agree with the following:

- I certify that all information provided is true and complete to the best of my knowledge.
- I understand that eligibility is based on the information provided and supporting documentation is required (Refer to YASP Checklist).
- I consent to receive communication via email and phone regarding my application.

Signature of Applicant: _____ **Date:** _____

Relationship to Child: _____

Signature of Applicant: _____ **Date:** _____

Relationship to Child: _____

For Office Use Only	
Date of Intake: ____ / ____ / ____	Initial Review: Alexis Luna, Departmental Assistant
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Staff Signature: _____
Final Review: Dominique Borba, Recreation Supervisor	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Staff Signature: _____
Approval Date: ____ / ____ / ____	
Income Eligibility Expiration Date: ____ / ____ / ____	