



# YOUTH SCHOLARSHIP APPLICATION

**July 2021 – June 2022**

Applications must be typed or written in pen neatly. Illegible or incomplete applications will not be accepted. Make sure to include all required documentation. Return completed application to the Arroyo Vista Recreation Center, or *mail* to: City of Moorpark, Youth Scholarship, 799 Moorpark Avenue, Moorpark CA 93021.

## SECTION A: Parent / Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

List ALL adult household members (any adult living in the home 50% or more of the time), whether or not they **All boxes must be filled out for each household member. If no income from a listed source, indicate "0" in that box.**

Full Name	Date of Birth (MM/DD/YY)	Annual Gross Earnings from Work	Pension, Retirement, Social Security	Welfare Benefits, Child Support, Alimony Payments	Other Annual Income	Total Annual Income
1.	/ /	\$	\$	\$	\$	\$
2.	/ /	\$	\$	\$	\$	\$
3.	/ /	\$	\$	\$	\$	\$

## SECTION B: Child Information

List ALL minor household members (any child living in the home 50% or more of the time).

Last Name	First Name	Date of Birth MM/DD/YY	Your relationship to this child:	Will this child participate in the Youth Scholarship Program?
1.		/ /	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.		/ /	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.		/ /	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.		/ /	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO

## SECTION C: Signature Required to Complete Application

I certify that all of the about information is true and correct and that all income is reported. I understand that this information is given for the receipt of municipal funds, and that City officials and/or their designees will verify the information on this application. I understand that deliberate misrepresentation on this application will result in removal from the Youth Scholarship Program, and that I will be responsible for repaying any and all scholarship funds used. I understand that scholarship funds are limited, and that funding may not be available for all qualifying families.

\_\_\_\_\_  
Signature of adult household member completing this form      Today's date      Print name

**APPLICATIONS MUST BE SUBMITTED BETWEEN JULY 15, 2021 AND JUNE 15, 2022.**  
All scholarship awards must be used by June 30, 2022.

### STAFF USE ONLY

Date Application Received: \_\_\_\_\_ Verified By: \_\_\_\_\_

Documentation Received:  Photo ID  MUSD Lunch Program Documentation  
 Utility Bill  Federal Tax Return  Pay Check Stub  Other: \_\_\_\_\_

Application Approved:  Yes  No (Reason: \_\_\_\_\_) Staff Signature: \_\_\_\_\_

IF APPROVED: Date Entered in VSI: \_\_\_\_\_ Date Applicant Notified: \_\_\_\_\_