

COMMUNITY SERVICES

600 A Street, Suite C – Davis, California 95616
530/757-5626 - FAX: 530/750-2742 – TDD: 530/757-5666



January 5, 2012

Fee Scholarship Applicant:

This letter is to inform you of the upcoming application period for Fee Scholarships to be used towards City of Davis Recreation programs and classes. Beginning February 1, we will be accepting scholarship applications for the periods of Summer 2012, Fall 2012 and Winter/Spring 2013. The initial application period for this year is February 1 – February 17 where the bulk of the funds will be distributed. There will be a small portion of funds set aside for distribution throughout the year on a first come/first serve basis.

Low-income residents of the Davis Joint Unified School District will be eligible for partial scholarships (fee subsidies) depending upon income, family size and funds available. Qualified applicants will be notified of the dollar amount they are being awarded. The dollar amount can be used to pay up to 50% of the class or program registration fees for Summer 2012, Fall 2012 and Winter/Spring 2013 programs.

Follow these simple steps to apply:

1. All Applicants must complete the enclosed Scholarship Application Form.
2. Attach photocopies of your **2011 Federal Income Tax Return AND all required proof of income.** **Incomplete applications will be denied.**
NOTE: If you file taxes, you need to file EARLY!
3. Drop off or mail completed applications and verification to the Davis Senior Center, 646 A Street, Davis CA 95616.

NOTE: Applications, and applicable forms, must be received in the Davis Senior Center office, located at 646 A Street, by 5:00 p.m. on Friday, February 17, 2012 for consideration in the initial application period. All applications received after that date will be processed as they come in.

Letters for those qualifying for a scholarship will be mailed indicating the amount of the scholarship award. Applicants who do not qualify for a scholarship will also be notified by mail.

If you have any questions or need further information, please call Maria Lucchesi, Community Services Supervisor, at 757-5696.

Sincerely,

Maria Lucchesi
Community Services Supervisor



Fee Subsidy/Scholarship Application Form Fiscal Year 2012-2013

FOR OFFICE USE ONLY

LAST NAME: _____

HH #: _____

Reviewed by: _____

Date: _____

Action: Scholarship Approved \$ _____

Not Approved

Applicant Notified: _____

By: _____

Date of Application

()

Name of Applicant

Phone

()

Alternate Phone

Address

City

State

Zip

Email address

Name	Grade	Birth Date	M/F

SOURCES OF INCOME (Gross Monthly Amount)

Are You Required to file State and/or Federal Taxes? Yes _____ No _____ (If yes, attach 2011 tax return)

Wages or Salary	\$ _____	Current check stub (one month's worth for all wage earners, except dependent minors)
Child Support / Alimony	\$ _____	Court Decree, current check, or signed/dated letter of verification
Public Assistance or Welfare Payments (CalWorks, Welfare to Work, Cash Aid, Food Stamps)	\$ _____	Notice of Action from Department of Social Services or current check
City of Davis Child Care Grant	\$ _____	
Social Security	\$ _____	Notice of Action or current check (once a month)
School Financial Assistance (loans, GI Bill, grants, etc.)	\$ _____	Award Letter or current check (once a month-school year)
Veterans' Pensions	\$ _____	Award Letter or current check (once a month)
Pensions and Annuities	\$ _____	Current check
Unemployment / Disability Insurance	\$ _____	Award Letter or current check (weekly)
Workers' Compensation Insurance	\$ _____	Award Letter or current check
Other Income	\$ _____	Appropriate verification
TOTAL GROSS MONTHLY INCOME	\$ _____	

You must provide documentation of ALL sources of income.

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ADDITIONAL INFORMATION

Do you attend school?

▪ If yes, where?

Yes

No

Do you receive Financial Aid?

▪ If yes, this should be included in Sources of Income above.

Yes

No

PLEASE NOTE ANY COMMENTS OR SPECIAL CIRCUMSTANCES:

Fee Subsidy amount will be determined once all applications are processed.

PROOF OF INCOME MUST BE SUPPLIED

- Copy of current pay stub
- Copies documenting other sources of income
- Copy of Federal Income Tax Return (With Dependents Listed)

I declare under penalty of perjury that the information above is correct. I understand that the information pertaining to my income and expenses will be reviewed by City of Davis staff and additional information may be requested. I authorize the City of Davis to verify my income information with my employer, or any agency providing me with additional income/assistance. Provision of false information will result in disqualification from the City of Davis Fee Subsidy Program.

Name (Please Print)

Signature

Date

**Please complete both sides of the application and submit all required documentation to:
Davis Senior Center
646 A Street
Davis, CA 95616**

This program is for individuals residing within the Davis Joint Unified School District boundaries.

This material can be made available upon request in and alternative format as required by the American with Disabilities Act of 1990. Direct your request to The Community Services Department (530) 757-5626, (530) 757-5666 (TDD) Davis Senior Center (530) 757-5696 or csweb@cityofdavis.org.