With the goal of providing quality, fun, and safe childcare, classes, and camp programs to everyone, the city of Albany, with the support of donations, provides scholarships to low-income Albany residents. The scholarship is offered to Albany residents. Proof of residency and income is required for award consideration. Proof of residency may be provided in the form a bill or piece of mail. Scholarship availability and award amounts are dependent on funding, which is made possible entirely by donations.

All communications regarding this scholarship program are held in strict confidence.

Questions? Contact the Albany Recreation & Community Services Department at (510)524-9283 or by email at Recinfo@albanyca.org

Complete applications can be submitted in-person or mailed to:

City of Albany Recreation & Community Services
ATTN: Recreational youth programs scholarship fund
1249 Marin Ave.
Albany, CA 94706
RECREATIONAL YOUTH PROGRAMS SCHOLARSHIP FUND

Name of Applicant: ____________________________________________________________

Address: _____________________________________________ City: _______ Zip code: ________

Phone: ___________________________ Email: ___________________________

Household Family Member Listing:
(Only family members living within the same household should be listed)

Name: ___________________________ Date of Birth: _______________________

Name: ___________________________ Date of Birth: _______________________

Name: ___________________________ Date of Birth: _______________________

Name: ___________________________ Date of Birth: _______________________

Name: ___________________________ Date of Birth: _______________________

Name: ___________________________ Date of Birth: _______________________

Name: ___________________________ Date of Birth: _______________________

Name: ___________________________ Date of Birth: _______________________

Please complete activity registration below:

<table>
<thead>
<tr>
<th>Name of Participant</th>
<th>D.O.B.</th>
<th>Name of Activity</th>
<th>Dates</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

The following chart from the U.S. Department of Housing and Urban Development will be used as a guide to help determine award amount. This is only meant to be used as a guide, and does not indicate scholarship qualification.

<table>
<thead>
<tr>
<th>Household Size (including adults and children)</th>
<th>Monthly</th>
<th>Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3,875</td>
<td>46,500</td>
</tr>
<tr>
<td>3</td>
<td>4,358</td>
<td>52,300</td>
</tr>
<tr>
<td>4</td>
<td>4,842</td>
<td>58,100</td>
</tr>
<tr>
<td>5</td>
<td>5,229</td>
<td>62,750</td>
</tr>
<tr>
<td>6</td>
<td>5,617</td>
<td>67,400</td>
</tr>
<tr>
<td>7</td>
<td>6,004</td>
<td>72,050</td>
</tr>
<tr>
<td>8</td>
<td>6,392</td>
<td>76,700</td>
</tr>
</tbody>
</table>
RECREATIONAL YOUTH PROGRAMS SCHOLARSHIP FUND

Please use the following to calculate your gross monthly income. Be sure to attach any proof of income, such as pay stubs, to this application. Applications without proof of income will not be accepted.

1. Wages or Salary ................................................................. $__________
2. Child Support or Alimony .................................................... $__________
3. Temporary Assistance for Needy Families (TANF) ................ $__________
4. School Financial Assistance ................................................ $__________
5. Pensions and Annuities ....................................................... $__________
6. Total Gross Monthly Income ............................................. $__________

Please read and initial the following statements:

_____ Applicant certifies that the information included in this application packet is thorough and complete.
_____ Applicant understands that if they are awarded a scholarship, and do not use it before the end of a season, that award is forfeited.
_____ Applicant understands that a complete application packet must be submitted to be considered for an award.
_____ Applicant understands that their family/household may only receive one scholarship award per activity guide.
_____ Applicant understands that if income information is withheld, it will hinder ability to apply for a scholarship with the City of Albany in the future.

I have read the above policies regarding this scholarship award.

Print Name:

____________________________________________________

Signature:                                              Date:

____________________________________________________  ____________________________

For office use only:

☐ Qualify for Scholarship     ☐ Paperwork included     ☐ Amount Awarded $_______________
☐ Notes: ______________________