



**City of La Habra  
Community Services Department  
Scholarship Application**

\$\_\_\_\_\_ Requested amount of scholarship  
Today's Date: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Recipient's Age: \_\_\_\_\_ Number of persons residing in residence: \_\_\_\_\_

Activity: \_\_\_ LH Pop Warner Football \_\_\_ La Habra LL \_\_\_ La Habra NSB \_\_\_ La Habra AYSO \_\_\_ La Habra Pumas  
\_\_\_ La Habra City Classes \_\_\_ La Habra Girls' Softball

Activity Start Date: \_\_\_\_\_

Please list all persons residing in your residence, including birthday(s)

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

List all adult household members and indicate amount and source of MONTHLY INCOME each house member received last month. If any amount was more or less than usual, enter the usual monthly income. **Information must be verified by 1040 tax form, two consecutive current pay stubs or Department of Social Services income verification.**

Last Name	First Name	Gross Earnings From Work (Before Deductions) Include All Jobs.	Pension, Retirement, Social Security	Welfare Benefits, Child Support, Alimony Payments	Any Other Monthly Income	Total Monthly Income
Total Annual Income						

Current Income: The amount income each household member received **last month**, before taxes or anything else is taken out, and where it came from, such as earnings, welfare, pensions and other income. If any amount **last month** was more or less than usual, write the usual monthly income or project the annual income. To figure monthly income, multiply weekly x 4.33; every two weeks x 2.15; twice a month x 2.

## Income to Report

Earnings from Work	Pensions , Retirement, Social Security	Welfare, Child Support, Alimony	Other Income
Wages/Salaries/Tips, Strike Benefits, Unemployment Compensation, Net income from self-owned business or farm	Pensions, Supplemental Security Income, Retirement Payments, Social Security	Public Assistance Payments, Welfare Payments, Alimony/Child Support Payments	Disability Benefits, Cash Withdrawn form Savings, Interests/Dividends, Income from Estates/Trusts/Investments, Regular Contributions from Persons Not Living in the Household, Net Royalties/Annuities, Any Other Income

FOSTER: If the foster child receives “Personal Use Income”, list the amount of income. “Personal Use Income” is money given by the Welfare Office identified by category for the child’s personal use, such as clothing, school fees, an allowance; and all other money the child gets, such as money from his/her family and money from the child’s full time or regular part time job. The foster parent or agency must sign the application. If the child is living with relatives or friends and is not a ward of the court or the welfare agency, the application must be completed with all household members and income listed.

### INCOME LIMITS DOCUMENTATION SYSTEM (FY 2016 Income Limits Summary)

Income Limit Category	Persons in Family							
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
Very Low (50%) Income Limits	34,150	39,000	43,900	48,750	52,650	56,550	60,450	64,350
Extremely Low Income Limits*	20,500	23,400	26,350	29,250	31,600	33,950	36,730	40,890
Low (80%) Income Limits*	54,600	62,400	70,200	78,000	84,250	90,500	96,750	103,000

\* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

Total Household Size (Number of People living in Household): \_\_\_\_\_

Total Gross Household Income (Income before Taxes): \_\_\_\_\_

Do you or the recipient have a disability? \_\_\_\_\_ YES \_\_\_\_\_ NO

Female Head of Household? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you related to any City of La Habra employee? \_\_\_\_\_ YES \_\_\_\_\_ NO

## **RACE AND ETHNIC IDENTIFICATION OF RECIPIENT**

### **ETHNIC CATERGORIES**

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Not-Hispanic or Latino

### **RACIAL CATEGORIES**

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

\_\_\_\_\_ Other

**The two ethnic categories you should choose from are defined below. You should check one of the two categories.**

- 1. 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.”
- 2. Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**The five racial categories to choose from are defined below: You should check as many as apply to you.**

- 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.

VERIFICATION: The information on this application may be checked by the Community Services Department at any time during the fiscal year. You may be asked to send information to prove your income or current eligibility.

ALL HOUSEHOLDS COMPLETE THIS SECTION: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of the Federal funds; that City officials may verify the information on the application and that deliberate misinterpretation of the information may subject me to persecution under applicable State and Federal laws.

\_\_\_\_\_  
Signature of Adult Household Member Completing Form

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**NOTICE:**

Funds are limited and are awarded on a first-come, first-serve basis.

You and your children may not attend class until you have been contacted that your scholarship has been approved.

Eligibility does not guarantee class space availability, as classes are filled on a first-come, first-serve basis.

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**FOR OFFICE USE ONLY**

The above application: \_\_\_\_\_ Meets the guidelines set in the Scholarship Policy

\_\_\_\_\_ Does not meet the guidelines set in the Scholarship Policy

Application approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Application notified by: \_\_\_\_\_ Date: \_\_\_\_\_

Registration completed by: \_\_\_\_\_ Date: \_\_\_\_\_

