



CITY OF ROSEMEAD
Department of Parks and Recreation
3936 N Muscatel Ave. | Rosemead, CA 91770
(626) 596-2160

FUND A DREAM SCHOLARSHIP PROGRAM

What is the Fund a Dream Scholarship Program?

This program gives Rosemead youth from low and moderate-income families an opportunity to participate in Rosemead's Recreation enrichment classes/activities at a reduced fee. The Fund a Dream Program is funded through contributions from local businesses, community groups, and individuals.

Who can apply?

Families who live within the Rosemead city limits are eligible to apply for a scholarship for any of their children who are 17 and under. Proof of yearly income must be submitted to determine if the family's income meets the Department of Housing and Development HUD guidelines for low and moderate income.

What percentage of fees does the scholarship pay?

Each eligible family (household) may receive up to \$150 per year. Class/activity fees will be reduced by 25%, 50%, or 75% depending on household income and the number of people in the family (household). The remainder of the class/activity fee must be paid by the applicant at the time of registration. Class material fees are not covered by this program. These fees must be paid to the instructor at the first class meeting.

How do I apply for a scholarship?

- Complete the attached application. Please fill out a separate application for each foster child or for each child who is a ward of the court. They are considered a household of one.
- Read the attached "Verification of Financial Eligibility" to determine the proof of income that you will need to submit with your application.
- **Attach photocopies of all financial documents required.** If you submit an incomplete application (i.e., documents verifying your financial status are missing), this will delay the processing of your application. All information provided will be kept confidential.
- Submit applications/photocopies of financial documents at least **two weeks** before registration deadlines, or if no deadlines are indicated, at least two weeks before the first meeting date of a class/activity. This will allow time for processing of your application.
- *Mail* your completed application/photocopies of financial documents to: Fund a Dream Scholarship, Dept. of Parks and Recreation, 8838 E. Valley Blvd., Rosemead, CA 91770; or *Return to* the Department office in the Rosemead Community Center, 3936 N. Muscatel Avenue, Rosemead, CA 91770.



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FUND A DREAM SCHOLARSHIP APPLICATION
ROSEMEAD RECREATION CLASSES/ ACTIVITIES

FOR INTERNAL USE ONLY		
Approved	_____	
Disapproved	_____	
<input type="checkbox"/> 25%	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%
Expiration Date	_____	

Parent/Guardian's Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian's Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Home Address: _____
 Street _____ City _____ Zip _____

E-mail Address: _____ Total number of members in household: _____

1. _____	Name of Child(ren) Participating		Gender	Birthdate	Is child a foster child or ward of court?
	M	F			
2. _____	M	F		_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	M	F		_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	M	F		_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Income (include all related, or nonrelated, individuals who are sharing living expenses: rent, food, utility bills, etc.)

Sources of Income	Monthly Total	Received by which household member?
Gross wages/salary (before taxes/deductions)	\$ _____	
Gross wages/salary (before taxes/deductions)	\$ _____	
Social/Supplemental Security Income	\$ _____	
Unemployment Insurance	\$ _____	
Public Assistance	\$ _____	
Child Support	\$ _____	
Other	\$ _____	
TOTAL MONTHLY INCOME	\$ _____	
TOTAL ANNUAL INCOME	\$ _____	

All information provided on this application will be kept confidential.

I certify that the above information is correct. I will notify the program immediately if there are any changes, including my income, number of household members, place of residence, and phone number.

I understand that the Fund a Dream Scholarship is a privilege and not a right, and that it is subject to the income verification statements submitted by me. I also understand that the Fund a Dream Scholarship only pays for a portion of my program fees, and I will be responsible for paying the balance of the program fees directly to the City prior to the start of the program in which my child is to participate. I certify that I have submitted all copies of applicable documents related to income verification, and certify that they are true and accurate copies of the originals. I also understand that if any statements submitted are later determined to be inaccurate, it may immediately terminate my child's privilege to benefit from the program.

PLEASE NOTE: Both parents/guardians need to sign statements below (black or blue ink only).

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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VERIFICATION OF FINANCIAL ELIGIBILITY FOR FUND A DREAM SCHOLARSHIP APPLICATION

Scholarship applications must be submitted with proof of income for all household members. Applications received without proof of income *cannot* be processed. Please submit photocopies of all applicable documents, as indicated below, to verify total household income. **Please do not submit original documents.** To ensure confidentiality, please submit your documents in a sealed envelope marked “Fund a Dream Scholarship Application.”

Annual income is the anticipated total income that will be received by all household members (all related, or non-related, individuals who are sharing living expenses: rent, food, clothes, utility bills, medical expenses, etc.) for the 12-month period following the date of your application. Proof of income includes, but is not limited to, photocopies of any of the following documents that apply to your household:

- ***Last two consecutive paycheck stubs for all employment***—indicating gross pay, which is the full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses; time period covered; and year-to-date gross income. If this information is not included on the paycheck stub, please call the scholarship staff at (626) 569-2160 to discuss alternatives.
- ***If you are self-employed***, you may submit photocopies of your most recent federal income tax return, indicating net income from operation of a business or profession—include photocopies of all schedules and 1099 forms submitted with the return.
- ***AFDC or other assistance programs***—*Most recent* “Notice of Action” from the County indicating cash grant. *Note: SNAP allotment is not counted as income.*
- ***HUD***—Yearly notice listing the amount of Section 8 assistance
- ***Social Security or Supplemental Security Income (SSI)***—“Statement of Benefits” for the current year, “Direct Deposit” notice, or current bank statement indicating direct deposit of benefits
- ***Retirement Income (annuities, pensions) form***—1099 or last two consecutive paycheck stubs, indicating gross pay, time period covered, and year-to-date gross income
- ***Unemployment insurance benefits, worker’s compensation, or disability income***—“Statement of Benefits” or most recent check stub indicating the amount
- ***Alimony/Child Support***—court documents indicating the amount
- ***Family Support*** (*regular contributions received from persons not residing within the household*)—letter from person(s) providing support, stating amount given
- ***Educational grants, if grant covers living expenses***—documents indicating amount allotted for living expenses. Any part of the grant that is for school expenses, tuition, books, etc., is not considered income.
- ***Interest/dividends or income from estates/trusts/investments (taxable and nontaxable)***—1099 forms
- ***Other forms of proof of income may be accepted in special circumstances. Please verify with scholarship staff before submitting with application.***