

# City of Merced Parks & Community Services

## Program Scholarship Application



### Guidelines and Qualifications

Scholarships are used to support activities hosted by the City of Merced Parks & Community Services Department.

Scholarships are reserved specifically for youth who reside within the City of Merced.

Scholarships are used to reduce the financial barrier to services for families and scholarship applications will be reviewed based on the following guidelines:

- One scholarship may be used per family, per activity each year
- Parents or guardians must be present to apply for a scholarship
- Proof of current address must be provided to ensure youth are residents of the City of Merced
  - Mail or bill with parent or guardians name on it, needs to be current address or PO Box
- Proof of income is required to ensure the scholarship is being used for families who require assistance (see income qualifications below)
  - May use pay stub, unemployment letter of benefits, or prior year tax return to verify income

### Gross Income

185% Federal Poverty Level

Effective April 1, 2023 - June 30, 2024

Number of persons in Family Unit **	Annual	Monthly	Twice Monthly (Semi-Monthly)	Bi-weekly	Weekly
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
Each add'l family member add	\$9,509 per added family member	\$793 per added family member	\$397 per added family member	\$366 per added family member	\$183 per added family member

\*\*Unborn children should be counted in family total. Example: Pregnant woman with a single unborn child should be counted as two in family unit. Pregnant woman with two unborn children (twins) should be counted as three.

### Terms and Conditions:

Scholarships are offered on a first come first serve basis.

To serve as many youth as possible, each activity (basketball, football, swimming, summer camp) is allotted a specific number of scholarships each year. Once the allocation for each activity is met, no more scholarships may be used for that activity.

If a youth was scholarshiped for a previous activity but was not able to finish the activity, they will not be considered for an additional scholarship that program year (July 1- June 30<sup>th</sup>) to ensure that scholarships are being used to the fullest extent possible.

# City of Merced Parks & Community Services- Program Scholarship Application



PARENT/GUARDIAN INFORMATION			
FIRST NAME		LAST NAME	
HOME ADDRESS (SHOLARSHIPS ARE ONLY AVAILABLE TO PARTICIPANTS FROM THE CITY OF MERCED)			
PARTICIPANT INFORMATION			
FIRST NAME		LAST NAME	
GENDER		AGE OF PARTICIPANT	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> NONBINARY	<input type="checkbox"/> OTHER
ACTIVITY			
<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> FLAG FOOTBALL	<input type="checkbox"/> SUMMER CAMP	<input type="checkbox"/> SWIM LESSONS
DIVISION/GRADE OF STUDENT			
<input type="checkbox"/> Tiny Tots (K-2 <sup>nd</sup> )	<input type="checkbox"/> Pee Wee (3 <sup>rd</sup> -4 <sup>th</sup> )	<input type="checkbox"/> Junior Varsity (5 <sup>th</sup> - 6 <sup>th</sup> )	<input type="checkbox"/> Varsity (7 <sup>th</sup> - 8 <sup>th</sup> )
SCHOLARSHIP DETAILS			
<input type="checkbox"/> FULL		<input type="checkbox"/> PARTIAL	AMOUNT=
HAVE THIS STUDENT BEEN SCHOLARSHIPPED BEFORE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

\_\_\_\_\_ I VERIFY THAT THE INFORMATION I HAVE PROVIDED ON THE APPLCIATION IS COMPLETE AND ACCURATE.

\_\_\_\_\_ I UNDERSTAND THAT THE INFORMATION I HAVE PROVIDED IS CONFIDENTIAL AND IS ONLY TO BE USED TO SCREEN FOR THE POTENTIAL TO RECEIVE A SCHOLARSHIP FOR A YOUTH IN PARKS & COMMUNITY SERVICES PROGRAMS

\_\_\_\_\_ I UNDERSTAND THAT PROVIDING FALSE INFOMRATION MAY RESULT IN DENIAL OF A SCHOLARSHIP I HAVE READ AND UNDERSTAND THE PROGRAM SCHOLARSHIP APPLICATION, GUIDELINES AND QUALIFICATIONS AS WELL AS THE TERMS AND CONDITIONS AND SIGN THIS APPLICATION FREELY AND WITHOUT INDUCEMENT

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Applicant Printed Name

\_\_\_\_\_ Date

***FOR OFFICE USE ONLY***	
Date Received: _____	
Proof of Income (check one): <input type="checkbox"/> Pay Stub <input type="checkbox"/> Letter of Benefits <input type="checkbox"/> Tax Return	
Reviewed by: _____	
Staff Name	Position
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reason for Denial: _____	
_____	
Registered in Program on: _____	By: _____
Date	Staff