



## ARTS SCHOLARSHIP PROGRAM APPLICATION

The City of Paramount's Arts Scholarship Program is designed to provide supplemental financial assistance to families that may not otherwise be able to participate in arts classes because of financial hardship. Eligible residents will be able to apply for a scholarship for each of their children under the age of 18 years old interested in participating in an arts class that is City-run or City-sponsored at a City facility.

Scholarships will be awarded on a sliding scale. All information submitted as part of the application will be confidential and will be used only to determine the level of scholarship awarded. Qualifying low-income families can receive 60-100 percent off the cost of the monthly class.

### Income Guidelines

Family Size	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
<b>Acutely Low Income Limits</b>	\$10,900	\$12,300	\$13,650	\$14,750	\$15,850	\$16,950	\$18,000
<b>Extremely Low Income Limits</b>	\$28,600	\$32,200	\$35,750	\$38,650	\$41,500	\$44,350	\$47,200
<b>Very Low Income Limits</b>	\$47,650	\$53,600	\$59,550	\$64,300	\$69,100	\$73,850	\$78,650
<b>Low Income Limits</b>	\$76,250	\$85,800	\$93,500	\$102,950	\$110,550	\$118,200	\$125,800

### Required Supplemental Documentation Checklist

**Residency Requirement:**

(Two Required)

- Utility Bill
- Tenant Agreement
- California's Driver's License
- California Identification Card
- Child's School Transcript

**Income Verification:**

(Last Year's Tax Return Required + One Additional Form)

- W-2
- Most Recent Paystub
- Social Security / Disability

**Relationship Verification:**

(One Required)

- Child's Birth Certificate
- Legal Guardianship Verification
- Foster Care Verification

**Income**

- Unemployment Verification
- Federal Assistance Verification
- Rental Subsidy Verification



## ARTS SCHOLARSHIP PROGRAM APPLICATION

Complete and return this application along with **ALL REQUIRED DOCUMENTS** to the Community Services Department at 15300 Downey Avenue, Paramount, CA 90723. Your application will not be processed without proper proof of income.

<b>Parent/Guardian:</b>	<b>DOB:</b>	<b>Age:</b>
<b>Mailing Address:</b>		
<b>E-mail Address:</b>	<b>Primary Phone:</b>	
<b>Place of Employment:</b>	<b>Work Phone:</b>	

**Child(ren) in Household Seeking a Youth Scholarship:**

<b>Child #1 Name:</b>	<b>Age:</b>	<b>DOB:</b>	<b>Gender:</b>
<b>School of Attendance:</b>			<b>Grade Level:</b>
<b>List Arts Class Your Child Will be Registering for:</b>			

<b>Child #2 Name:</b>	<b>Age:</b>	<b>DOB:</b>	<b>Gender:</b>
<b>School of Attendance:</b>			<b>Grade Level:</b>
<b>List Arts Class Your Child Will be Registering for:</b>			

<b>Child #3 Name:</b>	<b>Age:</b>	<b>DOB:</b>	<b>Gender:</b>
<b>School of Attendance:</b>			<b>Grade Level:</b>
<b>List Arts Class Your Child Will be Registering for:</b>			

<b>Child #4 Name:</b>	<b>Age:</b>	<b>DOB:</b>	<b>Gender:</b>
<b>School of Attendance:</b>			<b>Grade Level:</b>
<b>List Arts Class Your Child Will be Registering for:</b>			

<p>Total Annual Income Combined \$ _____</p> <p>Total Members in your Household? _____</p> <p>I am able to pay \$ _____ towards the cost of the program.</p>
--

I affirm that the information provided is complete, true and accurate to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Office Use Only:**

<b>Date Application Received:</b>	<b>Annual Income:</b>	<b>Qualification %:</b>
<b>Eligibility:</b>	<b>Date:</b>	<b>Funding: Date:</b>