



City of Patterson Recreation & Community Services Scholarship/Financial Assistance Form

This program is being provided to you by the City of Patterson and private donors. Please provide the information requested below and a copy of last year's Income Tax Return.

1. **Head of Household:** Are you head of household? Yes _____ No _____

2. **Household Size and Total Annual Household Income**

(This is not required if you qualify for any of the benefits listed in number 3.)

A. Circle the total number of people in your household (in the first column)

B. On the line corresponding to your household size check the income range that includes your household's annual income.

Number of persons in the home _____ Adjusted Gross Income (IRS): _____

Household Size	Very Low Income 100%
1	\$12,490 or less
2	\$16,910 or less
3	\$21,330 or less
4	\$25,750 or less
5	\$30,170 or less
6	\$34,590 or less
7	\$39,010 or less
8	\$43,430 or less
For each additional family member, add:	\$4,420

Federal poverty level as determined by the U.S. Department of Health and Human Services

3. **Do you receive any of the following benefits?**

___ Cal Works

___ General Assistance

___ Social Security

___ Food stamps

___ Medi-Cal

___ Free/Reduced Meals

4. **Participant's Name** **Date of Birth** **Program /Activity**



Parent/Guardian _____ Phone Number _____

Street Address _____ City _____ Zip Code _____

I hereby certify that the information is true and correct to the best of my knowledge. I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

Signature _____ Date _____

Office Use Only-----

Reviewed by _____ Date _____

Approved

Denied

Explanation:
