



Senior Scholarship Application (CDBG)

GENERAL QUALIFICATIONS AND CONDITIONS FOR PROGRAM ELIGIBILITY

1. The intent of the Senior Scholarship is to provide registration subsidies to eligible residents, over the age of 62, to facilitate their participation in Community Services programs and activities.
2. The Senior Scholarship program offers a maximum of \$500 per senior, per year for programs listed with a course identification number in the Fontana Activity Brochure excluding outside sport organizations, tournaments, and private and semi-private swim lessons.
3. Scholarship funds are non-transferable from year to year or applicant to applicant. **The year runs from July 1 through June 30.**
4. The City will review applications. If an application is incomplete, the applicant will be given 7 calendar days to submit missing paperwork.
5. The City of Fontana determines the eligibility of the applicant to the program and reserves the right to deny requests in specific instances where the applications/applicants do not conform to these or other program guidelines.

CLASS/ACTIVITY WITHDRAWAL/TRANSFER POLICY:

Withdrawals, transfers, and refunds will NOT be permitted with use of scholarship funds.

ADDITIONAL INFORMATION:

Applicants are qualified from July to June of each fiscal year. Scholarship approval does not guarantee enrollment into programs or activities selected, nor does it guarantee funds will be available at time of registration. The application period for this program ends when funds have expired, **or funds have been spent for that year.**

I have read and fully understand the qualifications and conditions for program eligibility.

APPLICANT SIGNATURE

DATE



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CDBG Public Service Intake Form For HUD Presumed Group: Elderly Persons

This program is funded by a federal grant and we are required to collect certain information for reporting purposes. **THIS INFORMATION IS CONFIDENTIAL** and will be used to compile statistical data only. Proof of address and age is required. Please provide a photocopy of a driver's license, identification card, birth certificate and/or utility bill to verify your current address and age. In the event that copies of these document(s) cannot be provided, you will be asked to present the required documentation to a representative of the program for verification. Please fill in the following information:

Participant Name:	Date:
Address:	
City:	Zip:
Contact Number:	Email Address:
Age:	Date of Birth:
Social Security #/A-Number:	

1. Head of Household: Male Female
2. Ethnic Background: Hispanic Non-Hispanic
3. Racial Background: (Check One):

White	American Indian/Alaskan Native & White
Black/African American	American Indian/Alaskan Native & Black/African American
Asian	Asian & White
American Indian/Alaskan Native	Black/African American & White
Native Hawaiian /other Pacific Islander	Other Multi-Racial

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested.

Under penalty of perjury, I certify that the above information is true and correct.

APPLICANT SIGNATURE

DATE



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Staff Use Only

1. Proof of Residency Documentation (Please Check One):

Driver's License: _____

Utility Bill: _____

Other: _____

2. Proof of Age Verification (Senior Programs Only):

Driver's License: _____

Birth Certificate: _____

Other: _____

(Place a copy of the Age Verification Documentation in the Client File with this Intake Form)

3. Proof of Immigration Status (Senior Programs Only):

Passport: _____

Birth Certificate: _____

Permanent Residence Card: _____

Other: _____

(Place a copy of the Immigration Status Documentation in the Client File with this Intake Form)

I certify that the documentation presented confirms the information provided on the intake form. Proof of Age Attached and Verified by:

Staff Name: _____

Staff Signature: _____ Date: _____