



Scholarship Program

Date: _____ New Applicant: Y Re-apply: Y

APPLICANT INFORMATION:

Name: _____ Date of Birth: _____

School attending: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Phone number (if 18 or older): _____

Email address (if 18 or older): _____

Parent/Guardian (If under 18)

Name: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Alternate Phone: _____

Email address: _____

Income eligibility:

Please circle your income category below, based on the number of people in your household:

Income Category	Number of Persons in Household							
	1	2	3	4	5	6	7	8
Extremely Low 30%	\$27,350	\$31,250	\$35,150	\$39,050	\$42,200	\$45,300	\$48,450	\$51,550
Very Low 50%	\$45,550	\$52,050	\$58,550	\$65,050	\$70,300	\$75,500	\$80,700	\$85,900
Low 60%	\$54,660	\$62,460	\$70,260	\$78,060	\$84,360	\$90,600	\$96,840	\$103,080
Moderate 80%	\$72,900	\$83,300	\$93,700	\$104,100	\$112,450	\$120,800	\$129,100	\$137,450
Median	\$74,850	\$85,500	\$96,200	\$106,900	\$115,450	\$124,000	\$132,550	\$141,100



SCHOLARSHIP INFORMATION

The main purpose of this scholarship is to enable youth (under 25 years of age) living in the City of Vista to participate in positive activities by providing funds to help offset the cost of such activities for those that cannot afford it. Some examples include Club fees (ex: Boys and Girls Club fees), Camps and Summer Programs (ex: registration fees, Wave Water Park passes); Education (ex: tutoring, test preparation classes), Youth sports fees (ex: registration fees, uniforms, sports equipment), Visual and Performing Arts programs (ex: registration fees, supplies, costumes), and Job training and employment (ex: registration fees, uniforms, specialty tools and/or clothing).

Organizations/businesses must be located within the City of Vista.*

*Some exceptions apply

Current or recent Vista Fire Explorers (participated within the last 24 months) may apply for a scholarship to cover the cost of EMT classes.

Description of program/activity for which a scholarship is requested, including estimated cost:

Amount requested (maximum \$1,000): _____

Contact information for program/activity/business:

Organization/Company name: _____

Address: _____

Phone number: _____

Contact name (if available): _____

PLEASE ATTACH A COMPLETED REGISTRATION FORM, QUOTE, AND/OR OTHER DOCUMENTATION THAT SHOWS THE COST OF THE PROGRAM/ITEM.

Email or mail/hand deliver completed application and supplemental documents to:

Scholarship Program

Recreation and Community Services

200 Civic Center Dr.

Vista, CA 92084

scholarships@cityofvista.com

Questions? Call 760-639-6151



I certify that:

- Under penalty of perjury, all statements on this application are true and correct and that I can verify this information if requested to do so.
- The City of Vista Scholarship is a privilege and not a right, and I acknowledge that the scholarship program is subject to income eligibility and program participation verification.
- If any statements submitted as part of the application are later determined to be inaccurate, I understand that the City has the right to immediately terminate my/my child's privilege to participate in and/or receive any benefits from this program.
- I understand that my/my child's participation may be terminated if I/they do not comply with the program guidelines of the organization/business.
- I am responsible for any costs above the scholarship award.
- The City will make payment to the organization/business directly.
- The City does not endorse, nor are they responsible for, any actions of the organization/business.

Signature of parent /guardian
or applicant if 18 or older

Date

For staff use only:

Date received: _____

Previous Amount Awarded: _____

Approved: ____ Yes ____ No

If no, reason for denial: _____

Amount approved: _____ Date payment made: _____

Notes: _____

