

In partnership with



Assistance Application for IPSF ACE Classes 2018-2019

A limited amount of funds is available to provide assistance. Scholarships are good for up to a 100% discount on the ACE class fee. The scholarship amount is determined by income. Incomplete forms will not be processed. Complete one form per student applicant. Scholarships are limited to one class per student per ACE session. A new application is required each session.

Once IPSF has processed the scholarship application, the parent/guardian will be notified via email of the scholarship amount awarded (if any) along with a discount code to complete your registration online. It is the responsibility of the parent/guardian to register for classes online and submit payment for the remaining balance at the time of registration. Class space availability is based on first come/first served; application approval does not guarantee a spot in the class.

Directions: You must complete pages 1-3 of this application and attach the following:

- 1) Copy of supporting documentation for each source of income.
 - 2) Anyone over the age of 18 residing in the household that has no income must provide a signed Certification of Zero Income form.
- Scholarship applications must be received in the IPSF office no later than 3 business days prior to the first class meeting or by the registration end date; whichever occurs first.
 - Mail or deliver completed applications to IPSF ACE Scholarships at 1 Post, Suite 250, Irvine, CA 92618-5221.
 - If one does not already exist, create a parent login/account and your student profile(s) at www.ipsfacademy.org
 - Email or Fax applications will NOT be accepted. Original signatures are required.
 - Incomplete applications will NOT be processed. For questions contact ipsfacademy@ipsf.net or 949-263-8340.

Date of Application: _____

Student Name: _____ Birthdate: _____ Age: _____

Current school: _____ Current Grade: _____

ACE Class Requested: _____ Class Fee: _____

Parent/Guardian Name: _____

Home Address: _____

Daytime Phone Number: _____ Email Address: _____

Reason(s) for scholarship request (please be specific): _____

Applicant Signature

Date

IPSF Reviewer Signature

Date

Public Service Intake Form

Participant (Student) Name:		Date:
Address:		
City:	Zip:	
Contact Number:	Email Address:	

FAMILY COMPOSITION AND INCOME - PLEASE ENTER THE REQUIRED INFORMATION FOR ALL FAMILY MEMBERS:

(Income documentation or declaration of no-income is required for all family members in the household 18 years of age or older)

List ALL family members including children	Age	Relationship to Head of Household <small>(Spouse, Child, Other etc.)</small>	Annual Income Check all that Apply <small>(from all sources)</small>
Head of Household		<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 2			\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 3			\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 4			\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 5			\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 6			\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 7			\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 8			\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed

This program may be 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. Please fill in the following:

1. Ethnic Background (Check One): Hispanic Non-Hispanic
2. 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 to do so.

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

Applicant Signature

Date

Income Documentation Requirements

*Each box under "List Gross Monthly Income in Dollars," **MUST** be filled in with a number.

If you do not have income from a source, mark "0" in the box.

SOURCE OF INCOME	LIST GROSS MONTHLY INCOME IN DOLLARS* Each box <u>MUST</u> be filled in with a number.	SUPPORTING DOCUMENTATION (please submit as noted below)
Salary	\$	<ul style="list-style-type: none"> • Copies of last 3 paychecks • If paychecks are not applicable, last filed Federal Income tax returns including schedules; or • Written verification of employment including salary/wage information and number of hours worked each week AND the last filed Federal Income tax returns including schedules. <p>Anyone over 18 yrs. in the household with no income must provide a completed and signed Certification of Zero Income form.</p>
SSI/SSD – Supplemental Security Income/Disability	\$	<p><i>The following information must not be older than six months.</i></p> <ul style="list-style-type: none"> • Copy of applicant's monthly award check; or • Form SSA-2458 (request from local Social Security Office); or • Copy of applicant's award letter; or • Three (3) most recent bank statements showing deposits of award check
Aid for Families with Dependent Children (AFDC)	\$	<ul style="list-style-type: none"> • Award letter stating the amount of applicant's benefit; or • Copy of applicant's most recent check; or • Written statement from Caseworker stating the applicant's benefit amount
General Relief	\$	
Pension	\$	<ul style="list-style-type: none"> • Copy of applicant's most recent pension check; or • Copy of pension award letter showing monthly benefits; or • Bank statement showing direct deposit of applicant's award check
Alimony	\$	<ul style="list-style-type: none"> • Copy of applicants weekly or monthly check; or • Court decree establishing payments, (<i>divorce papers</i>), or • Affidavit of child support signed by applicant
Child Support	\$	
Unemployment Insurance	\$	<ul style="list-style-type: none"> • Copy of award notice stating applicant's benefits; or • Payment booklet; or • Unemployment affidavit signed by applicant
Self-Employed Profits	\$	<ul style="list-style-type: none"> • Account records; or • Most current quarterly income tax return (<i>not older than 6 months</i>)
Interest from Bank Accounts and Cash Funds	\$	<ul style="list-style-type: none"> • Letter from bank manager stating interest earned; or passbook; or • Bank statements showing last twelve months of interest; or • Most recent Federal Income tax return showing interest earned; or • Investment statements indicating the amount of dividends earned
Other Income not shown above LIST SOURCES	\$	<ul style="list-style-type: none"> • Attach documentation to support declaration

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

Applicant Signature

Date



Certification of Zero Income

To be completed by adult household members who are claiming zero income from any source.

Name: _____

Address: _____ City, Zip: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Net income from operation of a business or income from self-employment (i.e. sales of Avon, Mary Kay, Shaklee, etc. or other business income);
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments (i.e. welfare, TANF, etc.);
 - h. Periodic allowance such as alimony, child support, or gifts received from persons not living in my household; and/or
 - i. Any other source not named above.

2. Choose the statement below that most closely applies to your situation:

- Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.
- Currently, I have no income of any kind and will not be seeking employment at this time.

3. I will be using the following sources of funds to pay for rent and other necessities:

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 to do so.

Signature

Printed Name

Date