



2019 IPSF Summer K-12 Scholarship Application Information (Entering K-12 grades)

Please do NOT register for classes prior to submitting an application for a scholarship. Refunds will not be issued.

This application does not save a space for your student in the class or guarantee enrollment.

A limited number of scholarships will be available to students for IPSF's summer programs. Please do not use this form for Camp Galileo or The Young Americans – you can contact them directly for scholarship opportunities. Scholarship funds are only awarded to families residing in Orange County with limited financial means. In order to serve as many students as possible, scholarships are awarded **for up to 50% of the class cost, and may be applied towards two classes regardless of session.**

Once IPSF has processed the application, you will be notified **via email** indicating the amount (if any) of scholarship awarded along with a discount code to complete your registration online. It is your responsibility to register for classes online and submit payment for the remaining balance at the time of registration. Please note that discount codes cannot be combined with other discounts or promotions.

Directions: You must complete pages 2-4 of this application and attach a copy of each:

1. Three (3) most recent pay stub(s) of **all household members (regardless of age, including roommates and relatives)**
 2. 2018 tax return – F1040EZ, F1040A, or F1040, including schedules*
 3. Two (2) current utility bills in your name (electric, home gas, water, trash/sewer, or cable bill only)
- *If 2018 taxes are not available, please submit 2017 taxes
4. Any additional documentation that applies to your household from pages 3-4

Completed scholarship applications must be received by U.S. mail, fax, or in person **no later than 5:00 p.m. on Friday, April 26, 2019** to be considered for funding. Applications sent via email will not be accepted.

Applications will be processed within 1-3 business days.

Drop off hours are: Monday – Friday 10:00 a.m. – 4:00 p.m.

Incomplete applications will **NOT** be processed.

Frequently Asked Questions:

I received a scholarship for ACE - do I receive the same scholarship amount for summer?

- No. Scholarship funds are different for each program. Qualifying for an ACE scholarship does not automatically approve you for the same amount for summer. Scholarship amounts vary from year to year.

I don't have any income. How can I provide the proper documentation?

- Scholarships are awarded for up to 50% of the class cost, so a parent/guardian must pay for the rest of the class. You will need to provide the last 3 months of bank statements (checking and savings) and fill out a Certification of Zero Income form if you currently do not have any income.

A friend or family member assists with funds to help support my family. Does this count as income?

- Yes. This should be noted on question number 9 on page 3.

The class I requested is full and I can't register. What should I do?

- You can add your student to the waitlist for any classes that are full. If you'd like to apply your scholarship to another class, please contact us and we'll adjust the discount code. If a spot opens up in the waitlisted class, you will be contacted and the scholarship funds will be transferred to that class.



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 (Entering K-12 grades)

Date of Application: ____/____/2019

Student Name: _____ Birthdate: ____/____/____

Current school: _____ Current Grade: _____

School student will be attending in **fall 2019**: _____ Grade in **fall of 2019**: _____

Home Address: _____

Phone Number: _____ Email: _____

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

Total **annual** gross income of **all** household members: \$ _____

Number of all household members (regardless of age, including roommates and relatives): _____

Class Information

Use the 2019 catalog available at www.ipsf.net/summer to fill out the class information below. If approved, scholarships are awarded for up to two classes. This application does not save a space for your student in the class or guarantee enrollment. **You must enter class information below in order for the scholarship to be processed.**

	Class 1	Class 2	Alternate Class
Session Dates			
Class Location			
Class Name			
Class Time			
Class Cost			

IPSF INCOME DOCUMENTATION REQUIREMENTS

Questions 1-15 applies to **ALL** household members, regardless of age or relationship to the student. Please answer “yes” or “no” for each question. If you answer “yes”, please indicate the TOTAL amount of monthly gross income received by all household members.

	Source of Income		Monthly Amount	Documentation Required (in addition to documentation on page 1)
1	Salary	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Last (3) paychecks for EACH employed individual
2	Self-Employment profits	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Account records; or Most current quarterly income tax return
3	Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Award letter stating amount of benefits
4	CalWORKS (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Award letter stating amount of benefits
5	CalFresh/SNAP	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6	Affordable Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Rental agreement showing monthly rent
7	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Award letter stating amount of benefits; or Weekly or monthly check; or Court papers showing payments (divorce)
8	Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9	Family or friend provides housing, basic needs, childcare	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Signed letter stating amount, dates, type of support, and relationship to student; and Last (3) months of bank statements (checking and savings accounts)
10	Supplemental Security Income / Disability SSI/SSD	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Award letter stating amount of benefits; or Monthly check
11	General Relief	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Award letter stating amount of benefits; or Most recent check
12	Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13	Interest from bank accounts and cash funds, savings	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Letter from bank stating interest earned; or Bank statements showing last (12) months of interest
14	Other income not shown above	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Signed letter from individual providing support stating amount, dates, type of support, and relationship to student; and Last (3) months of bank statements (checking and savings)
15	Zero Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Certification of Zero Income form (to be requested from IPSF) for each adult over the age of 18 in the household; and Last (3) months of bank statements (checking and savings accounts)

Total monthly gross income from ALL sources above: \$ _____

For all items that were answered “yes” above, please provide documentation along with this completed application (in addition to the required documentation listed on page 1). Please see “Documentation Required” column above for acceptable forms of documentation.

HOUSEHOLD COMPOSITION AND INCOME

Household Members Include yourself, spouse or domestic partner, all children regardless of age, relatives, and roommates		Age	Relationship to Head of Household Spouse, Child, Other, etc.	Check all that Apply	Annual Gross Income From all sources
Head of Household (Your Name)			SELF	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent	\$
Name Member 2				<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent	\$
Name Member 3				<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent	\$
Name Member 4				<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent	\$
Name Member 5				<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent	\$
Name Member 6				<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent	\$
Name Member 7				<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent	\$
Name Member 8				<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent	\$

Is anyone in your household 18 years or older and NOT employed? Yes No

If **YES**, you will need to provide a signed **Certification of Zero Income** form for each unemployed individual. To request the form, please email ipsfacademy@ipsf.net.

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:** _____

**Mail, fax, or drop off: IPSF-SEA Scholarships
1 Post Suite 250, Irvine, CA 92618**

FAX: 949-263-8343

Questions: 949-812-7225 or ipsfacademy@ipsf.net