

IPSF Programs Scholarship Application – 2019-2020

IPSF offers scholarships to help IUSD students participate in our programs at a discounted rate. Partial scholarships are available for up to 50% of the class fee and are awarded based on financial need and availability of funding.

ELIGIBILITY

ACE - AFTERSCHOOL CLASSROOM ENRICHMENT	SUMMER ENRICHMENT
<ul style="list-style-type: none"> ● Student must attend the IUSD school where the ACE class is offered. ● Scholarships are limited to one ACE class per student per ACE session. ● ACE K-8 program awards are limited to \$200 per student per school year. ● ACE 9-12 program awards are limited to \$400 per student per school year. 	<ul style="list-style-type: none"> ● Student must attend an IUSD school ● Scholarships are awarded for up to 50% of the class cost
<ul style="list-style-type: none"> ● The applicant's entire household must provide proof of gross income along with supporting documentation. 	
<ul style="list-style-type: none"> ● Only those individuals listed on the tax return are eligible to apply for scholarship funds. 	
<ul style="list-style-type: none"> ● Do NOT register for classes prior to submitting a scholarship application. Refunds will NOT be issued. 	

SUBMISSION DEADLINE

ACE - AFTERSCHOOL CLASSROOM ENRICHMENT	SUMMER ENRICHMENT
<ul style="list-style-type: none"> ● Scholarship applications must be received in the IPSF office no later than three (3) business days prior to the first class meeting or by the registration end date; whichever occurs first. 	<p>To be announced</p>
<ul style="list-style-type: none"> ● Completed applications and all required documentation must be mailed or hand delivered to: IPSF Scholarships 1 Post, Suite 250 Irvine, CA 92618-5221 ● Drop off hours: Monday – Friday 10:00 a.m. – 4:00 p.m. 	

APPLICATION CHECKLIST

Incomplete applications will **NOT** be processed.

Is this your first IPSF scholarship application since July 1, 2019?

Has your household composition changed since your last submitted application?

Has your income sources changed since your last submitted application?

If **YES**, to **ANY** of the above, provide ALL of the following:

- Scholarship Application completed in its entirety for each student.
- Current federal tax return – F1040EZ, F1040A, or F1040, including schedules. If self-employed, include Schedule C.
- Supporting documentation for all sources of income identified on the “Income Documentation Requirements” page.
- Two (2) current utility bills in parent/guardian name (electric, home gas, water, trash/sewer, or cable bill only).
- A parent/guardian account and student profile(s) have been created at www.ipsfacademy.org. If one does not already exist, create an account and add student profile(s).
- Certification of Zero Income (if applicable)
- Original parent/guardian signatures on all applicable pages.

If **NO**, to **ALL** of the above, provide ALL of the following:

- IPSF Scholarship Application page 3 completed in its entirety for each student.
- Current supporting documentation for all sources of income identified on the “Income Documentation Requirements” page.
- Original parent/guardian signature on IPSF Scholarship Application page 3.

APPLICATION REVIEW

- Results of the scholarship application review will be **emailed** within three (3) business days of submitting a complete application. If approved, award amounts are distributed as a discount coupon code applied during the online registration process.
- Once any awards are granted, 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. Discount codes cannot be combined with any other discounts or promotions.

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



IPSF Scholarship Application - ACE Program 2019-2020

Date of Application: _____

STUDENT

Student Name: _____ Birthdate: _____

Current School: _____ Current Grade: _____

PARENT/GUARDIAN APPLICANT

Parent/Guardian Name: _____

Home Address: _____

Daytime Phone Number: _____ Email: _____

CLASS INFORMATION

Refer to the ACE brochure for the student’s school for class offering details. This application does not save a spot for your student in the class or guarantee enrollment. Class information must be entered in order for the scholarship to be processed.

ACE Class Requested: ENRICHMENT DAY – NOVEMBER 11, 2019 Class Fee: \$90

IPSF shall be the sole decision-maker regarding the award of any scholarship, and its decision shall be final. IPSF is not obligated to provide any scholarship, and all scholarships are subject to funding availability. The applicant shall not have legal or equitable recourse against IPSF concerning any scholarship or scholarship application.

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.**

Parent/Guardian Signature

Date

IPSF Reviewer Signature

Date

Household Composition and Income

Enter the required information for all household members.

List ALL household members including yourself, spouse/domestic partner, all children regardless of age, relatives, and roommates.	Age	Relationship to Head of Household (Spouse, Child, Other etc.)	Annual Income Check all that Apply (from all sources)
Name of Head of Household		<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent
Name of Member 2			\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent
Name of Member 3			\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent
Name of Member 4			\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent
Name of Member 5			\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent
Name of Member 6			\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent
Name of Member 7			\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent
Name of Member 8			\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent

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

Parent/Guardian Signature

Date

Income Documentation Requirements

Questions 1-15 applies to **ALL** household members, regardless of age or relationship. Answer Yes or No for each question. If Yes, indicate the TOTAL amount of monthly gross income received by all household members and attach acceptable forms of documentation as indicated in "Documentation Required" column.

#	Source of Income		Gross Monthly Income in Dollars	Documentation Required
1	Salary	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> • Copies of last (3) paychecks for EACH employed individual; or • Written verification of employment including salary/wage information and number of hours worked each week.
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 (not older than 6 months)
3	Unemployment Insurance	<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		<ul style="list-style-type: none"> • Award letter stating amount of benefits
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		<ul style="list-style-type: none"> • Court papers showing payments (divorce)
10	Supplemental Security Income / Disability SSI/SSD	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> • Copy of applicant's monthly award check; or • Form SSA-2458 (from Social Security Office); or • Copy of applicant's award letter; or • Three (3) most recent bank statements showing deposits of award 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		<ul style="list-style-type: none"> • Most recent check
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; or • Investment statements indicating the amount of dividends earned.
9	Family/friend/other provides housing, basic needs, childcare	<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
14	Other income not shown above	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> • Last (3) months of bank statements (checking and savings accounts)
15	Zero Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> • Certification of Zero Income form for each adult over the age of 18 in the household; and • Last (3) months of bank statements (checking and savings accounts)

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

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.

Parent/Guardian 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