

ACE 9-12 Scholarship Application Information

A limited amount of funding is available to provide assistance to students in Afterschool Classroom Enrichment (ACE) 9-12. Applications must be received no later than **Wednesday, October 3, 2018** to be considered. Scholarships are awarded for up to 50% of the cost of one class per school year. A form is required for each student applicant. **Please do NOT register for classes prior to submitting an application for a scholarship.**

Once the application is processed, 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: Please complete all three pages of this application and attach a copy of supporting documentation for each source of income as listed on page 3.

Completed scholarship applications must be received by U.S. mail or in-person **no later than 5:00 p.m. on Wednesday, October 3, 2018** to be considered for funding. Incomplete applications will **NOT** be processed.

Irvine Public Schools Foundation
ATTN: ACE 9-12 – Scholarships
1 Post, Suite 250 | Irvine, CA 92618

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

ACE 9-12 Scholarship Application

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 over the age of 18)

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		SELF	\$ _____ <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

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

Please provide the following information. 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	SUPPORTING DOCUMENTATION (please submit as noted below)
Salary	\$	<ul style="list-style-type: none"> • Copies of last 3 paychecks and most recent Federal Income tax returns with 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 • Anyone over 18 yrs. in the household with no income must provide a completed and signed Certification of Zero Income form. If applicable, please request this form from Irvine Public Schools Foundation.
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
Income from Rental Property	\$	<ul style="list-style-type: none"> • Copy of property rental agreement signed by current tenant showing monthly rent; or • Copy of applicant's income tax return declaring earned rental income (<i>not older than one year</i>) • Copy of recent tenant rent check
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