

CITY OF YUBA CITY
Parks and Recreation Department
RICK BALFOUR & FRIENDS SCHOLARSHIP PROGRAM



Yuba City Parks and Recreation Department is pleased to present the Rick Balfour & Mayor’s Cup Scholarship Program. Rick was an avid youth and adult sports enthusiast and youth sports coach whose memory we honor by presenting these scholarships. The Mayor’s Cup Golf tournament was established to raise, distribute and assist in the management of public and private sector funds for enhancements to City of Yuba City park facilities, parks and recreation programs. Together these provide scholarships for the youth in the area. Please read the criteria to determine if you qualify and complete all necessary information. Thank you for taking an interest in Yuba City Parks and Recreation Department programs. We are sure you will have a worthwhile experience. For Youth Scholarship information, call 822-4650.

Guidelines:

1. Applicants must live in Sutter County.
2. Scholarships are limited to a one-time registration for multiple classes up to \$40 per person per calendar year. Scholarships will be granted as long as funds are available. If the program fee(s) is/are more than \$40, you must pay the difference.
3. Scholarships are based on income, see income guidelines below. Family Household Income must be the same or below the dollar amount listed to qualify.
4. Scholarships are designated to children 17 & under and Seniors 60+.
5. Scholarship applications must be turned in at least one week prior to the program deadline. If a deadline is not listed applications must be submitted at least one week prior to start date of class.
6. Some Yuba City Parks and Recreation Department programs or activities may be excluded, see brochure, flier or ask for details.

Income Guidelines For Full Scholarship:

<u>Number In Family</u>	<u>Annual Household Income</u>	<u>Number In Family</u>	<u>Annual Household Income</u>
1	\$35,000	5	\$55,000
2	\$40,000	6	\$60,000
3	\$45,000	7	\$65,000
4	\$50,000	8	\$70,000

Procedures:

1. Complete the Scholarship Application and Registration Form for each person.
2. Provide Proof of Income (all documents are required):
 - A. Attach 1 month most recent proof of household income (copy of current pay-stubs)
AND
 - B. Attach a copy of current year’s 1040 taxes (only dependents listed on the 1040 will receive a scholarship).

****The only exceptions are families on: Welfare, Social Security, Disability and Food Stamps. These individuals MUST provide a copy of earnings statements as a proof of income (i.e. Passport of Services from Sutter County, Social Security Statement, etc.).**
3. Applications will be reviewed and applicants will be notified by phone if they are awarded a scholarship. Incomplete applications will be denied.
4. Applicants have three (3) working days to accept the scholarship and pay any difference in fee. Failure to accept the scholarship in this time frame will result in the cancellation of the scholarship.



**CITY OF YUBA CITY
Parks and Recreation Department
RICK BALFOUR & FRIENDS SCHOLARSHIP PROGRAM**

Scholarship applications must be turned in at least one week prior to registration deadline or one week prior to start date of class applying for – if a deadline is not listed.

Date Application Received: _____
(Office Use Only)

Application For Program/Activity: _____ Date of Activity: _____

Name of Participant: _____

Name of Parent/Guardian: _____
(If not Senior)

Address: _____
Street City Zip Code

Home Phone: _____ Work Phone: _____

_____ Proof of income is attached. (Required)

_____ Annual household income dollar amount. (Total Family Yearly Income Amount)

_____ Total number of people in my household.

I verify that all the above information contained in this application is true to the best of my knowledge:

Signature of Parent/Guardian: _____

Additional Information: _____

OFFICE USE ONLY:

_____ Approved: _____
Activity/Program Session/Month

_____ Not Approved Reason: _____

Date Notified: _____ Comments: _____

**Samples
for
1040 and Passport to Services**

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning , 2011, ending , 20
Your first name and initial Last name
If a joint return, spouse's first name and initial Last name
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/country Foreign postal code
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [] You [] Spouse

Filing Status
1 [] Single
2 [] Married filing jointly (even if only one had income)
3 [] Married filing separately. Enter spouse's SSN above and full name here.
4 [] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 [] Qualifying widow(er) with dependent child

Exemptions
6a [] Yourself. If someone can claim you as a dependent, do not check box 6a.
6b [] Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [] if child under age 17 qualifying for child tax credit (see instructions)
d Total number of exemptions claimed

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
8b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
9b Qualified dividends
10 Taxable refunds, credits, or offsets of state and local income taxes
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
14 Other gains or (losses). Attach Form 4797
15a IRA distributions 15a Taxable amount
16a Pensions and annuities 16a Taxable amount
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits 20a Taxable amount
21 Other income. List type and amount
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

Adjusted Gross Income
23 Educator expenses
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 Deductible part of self-employment tax. Attach Schedule SE
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction
30 Penalty on early withdrawal of savings
31a Alimony paid b Recipient's SSN
32 IRA deduction
33 Student loan interest deduction
34 Tuition and fees. Attach Form 8917
35 Domestic production activities deduction. Attach Form 8903
36 Add lines 23 through 35
37 Subtract line 36 from line 22. This is your adjusted gross income

SAMPLE

Case Name: J
Case Number: 0109914
Worker Name: ft
Worker ID: 51LS0309C
Worker Phone Number: (530) 822-7133 Ext. 425

SUTTER COUNTY
SCW & SS Div-CaWORKERS/Employment Services Branch
PO BOX 1535
YUBA CITY, CA 95992-1535

PASSPORT TO SERVICES

PRINTED AS OF: 04/05/2012

Home Phone Number:

Mailing Address:

Physical Address:

	05/11	06/11	07/11	08/11	09/11	10/11	11/11	12/11	01/12	02/12	03/12	04/12
Monthly Gross Inc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CW Grant						458.00	490.00	490.00	490.00	490.00	490.00	490.00
CF Allotment	125.00	323.00	323.00	292.00	292.00	292.00	367.00	367.00	367.00	367.00	367.00	367.00
MC	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
CMSP	N	N	N	N	N	N	N	N	N	N	N	N
Family Size	2	2	2	2	2	2	2	2	2	2	2	2

Name	DOB	In the Home	OHC	MC	CMSP	MC/CMSP SOC
	03/05/2005	Y	N	Y	N	
	04/27/1981	Y	N	Y	N	

Comments This Passport to Services is not a verification of the Monthly Gross Income for the listed persons. It is intended to be used to verify receipt of Public Assistance Programs.