

**Circle One: Children's • Jr. High • High School • College      Camp Dates -**

**Part 1 - Applicant Information - Print clearly the first and last name of each child applying for scholarship.**

First Name	Last Name	Age	Grade	Foster Child (circle one)	Foster Child Monthly Income	WIA (Workforce Investment Act) Participant
1. _____	_____	___	___	yes / no	_____	_____
2. _____	_____	___	___	yes / no	_____	_____
3. _____	_____	___	___	yes / no	_____	_____
4. _____	_____	___	___	yes / no	_____	_____
5. _____	_____	___	___	yes / no	_____	_____

**Part 2A - Households Receiving Food Stamps, WIC, CalWORKs, Kin-GAP, FDPIR (Food Distribution On Indian Reservation), Or Participate In The WIA (Workforce Investment Act) Program - Fill in one of the boxes below and skip to Part 3. Do not complete Part 2B.**

Food Stamp Case Number _____	CalWORKS Number _____	Kin-GAP Number _____	FDPIR Number _____
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**Part 2B - Household Members And Monthly Income - Complete this part and sign the statement in Part 3 only if you do not receive food stamps, CalWORKs, Kin-GAP, FDPIR benefits, or participate in the WIA program, and did not complete Part 2A.**

Names of all household members. Include participating child(ren), parents, siblings, and any other persons living in household.  Name	Net monthly earnings from work (include all jobs)	Welfare, child support, alimony	Payments from pensions, retirement, social security	Any other monthly income
1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____	6. _____

**Part 3 - Signature - An adult household member must sign this statement and complete the requested information before the application can be approved.**

I certify that all of the above information is true and correct; that the food stamp, CalWORKs, Kin-GAP, FDPIR Benefits, or WIA Program participation information is correct; and that all income has been reported. I understand that this information is being given for the receipt of federal funds and that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of adult household member	Printed name	*Last four digits of Social Security Number _____ (Check here ___ if no Soc Sec Number)
Address	Home telephone #	Work telephone #
		Date

\*Section 9 of the National School Lunch act requires that unless the participant's food stamp, CalWORKs, Kin-GAP, or FDPIR number is provided, you must include the Social Security Number of the household member signing the statement or an indication that the household member signing the statement does not possess a Social Security number. Provision of a Social Security number is not mandatory, but if a Social Security Number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The Social Security Number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. Verification efforts may be carried out through program reviews, audits and investigations, and may include contacting employers to determine income, contacting a social service to determine current certification of food stamp, CalWORKs, Kin-GAP, FDPIR benefits, contacting the State Employment Development Department to determine benefits received, and checking documentation provided by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR OFFICE USE ONLY				
Monthly Income Conversion Weekly..... x 4.33 Every 2 weeks..... x 2.15 Twice a month..... x 2	Household Size _____	Total Household Monthly Income \$ _____	<input type="checkbox"/> Not eligible <input type="checkbox"/> Categorically Eligible <input type="checkbox"/> Household size/income Eligible	<input type="checkbox"/> Canceled <input type="checkbox"/> Attended <input type="checkbox"/> Waiting List
Signature of authorized representative/Title				Date