



City of Torrance, Community Services Department

Scholarship Application FY 2022/2023

Financial assistance may be available to Torrance residents for children under 18 years of age and for seniors ages 50+ (proof of age will be required) for the City of Torrance Community Services Department classes and programs.

The amount of the assistance will be awarded annually (July 1 - June 30) based on the availability of funds. Scholarships may not be used for t-shirts, entertainment activities, membership fees, late fees, rental fees, administrative fees or club dues/fees. Assistance will be considered for families which meet the income criteria listed below.

Applications must be submitted at least two weeks prior to registering. You will be advised by mail regarding the amount awarded and how you may use the funds. Your funds may be used upon receipt of notification.

HOW TO APPLY

1. Parent/Guardian or applicant must complete a Financial Assistance Application (please see reverse side) and attach the following:
 - **Proof of Torrance Residency** – Attach copy of proof such as a valid driver’s license, car insurance, car registration or current public utility bill (phone bills not accepted). Proof will also be required if you move, or if mail is returned.
 - **Proof of Income** – Attach a copy of the most recent Tax Return showing all members of your household. Proof of all forms of income must also be included such as: your last two pay stubs, current Federal Assistance Income, Unemployment Income, Social Security Income, Disability Income, and/or child support/alimony. Current bank statements (2 months) of all accounts may also be required.

HOUSEHOLD SIZE	INCOME LIMIT	HOUSEHOLD SIZE	INCOME LIMIT
1	\$41,600	5	\$64,300
2	\$47,600	6	\$69,000
3	\$53,500	7	\$73,800
4	\$59,500	8	\$78,600

The United States Department of Housing and Urban Development standards are used in defining income levels. (rev. 2022)

2022/2023 FINANCIAL ASSISTANCE APPLICATION - CONFIDENTIAL

Head of Household _____
Last First Middle
()
Address City Zip Home Phone
()
Work/Cell Phone E-Mail Address

List ALL Dependent Family Members (including yourself)	Date of Birth	Age	Gender	Grade	Relationship to Head of Household

INCOME RESOURCES OF FAMILY: Report total income for each item below and **Attach copy of proof for each income source:**

<u>Source</u>	<u>Monthly Income / Annual Income</u>
a. Money, Wages or Salary	_____
b. Social Security Income	_____
c. Public Assistance/Welfare/Cal Fresh	_____
d. Unemployment or Disability	_____
e. Child Support/Alimony	_____
TOTAL GROSS FAMILY INCOME	_____

Classes and/or programs you intend to use the scholarship for: _____

I affirm to the best of my knowledge and belief that the above statements are true.

Signature Date

Scholarships expire June 30, 2023 and cannot be carried over.

(FOR OFFICE USE ONLY)

Fiscal Year 2022/2023 **Amount Approved: \$** _____
Approved by: _____ Date: _____
Manager's Signature

Date	Initials	Receipt #	Amount Used	Total Used	Balance Available