

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.



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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: _____

Yuba City Parks & Recreation Department, 1201 Civic Center Blvd., Yuba City, CA 95993 * (530) 822-4650

Gauche Aquatic Park, 421 C Street, Yuba City, CA 95991 * (530) 822-4655

Yuba City Senior Center, 777 Ainsley Avenue, Yuba city, CA 95991 * (530) 822-4608

www.yubacity.net

**Samples
for
1040 and Passport to Services**

SAMPLE

Form	1040	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return	(99)	2011	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																									
For the year Jan. 1–Dec. 31, 2011, or other tax year beginning , 2011, ending , 20																															
Your first name and initial		Last name		See separate instructions.																											
If a joint return, spouse's first name and initial		Last name		Your social security number																											
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.		Spouse's social security number																											
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				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. <input type="checkbox"/> You <input type="checkbox"/> Spouse																											
Foreign country name		Foreign province/county		Foreign postal code																											
Filing Status 1 <input type="checkbox"/> Single 4 <input type="checkbox"/> 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. ▶ Check only one box. 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child																															
Exemptions 6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input type="checkbox"/> Spouse <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">c Dependents:</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td>(1) First name</td> <td>Last name</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> d Total number of exemptions claimed							c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	(1) First name	Last name			<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)																											
(1) First name	Last name			<input type="checkbox"/>																											
				<input type="checkbox"/>																											
				<input type="checkbox"/>																											
				<input type="checkbox"/>																											
Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required 8b b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount 15b 16a Pensions and annuities 16a b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22																															
Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN ▶ 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37																															

SAMPLE

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

SUTTER COUNTY
 SCW & SS Div-CaWORKs/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.