



## Community Youth Center Scholarship Application Process

Thank you for registering your child with CYC. CYC strives to provide opportunity to all youth, regardless of background. There are no financial barriers to joining CYC; however there is a standard set of requirements for scholarship approval, whether partial or full.

You may apply for either full scholarships (no fees for monthly dues) or partial scholarships should you only require some financial assistance. Scholarships may also be requested for additional activities such as the How-To Series, and Advanced Training Fees. Scholarships for Summer Camps are available in the spring and must be applied for separately. If your child advances into a higher competitive level, a new scholarship application must be completed at that time. Receiving scholarship assistance for one activity or cost does not automatically approve you for other activities. Please be specific when requesting a scholarship as to what needs you have. Please indicate the amount you can afford in the appropriate section if requesting a partial scholarship.

The scholarship committee meets weekly to review scholarships. You will be contacted upon the committee's decision. Scholarships are awarded for six months or one year and you must reapply upon expiration. Please submit your scholarship renewal application a month before your current scholarship expires.

Please review the information below and follow the instructions to apply for a scholarship to CYC.

### First Step

**Gather** the documents that you will need. These documents include the following:

- Transcript of your last year's Tax Return

\* You can get various Form 1040-series [transcript types](#) online or by mail.

<https://www.irs.gov/individuals/get-transcript> (Sample Attached)

**Note** order a transcript or other return information free of charge, or designate a third party to receive the information.

### Second Step

- Complete the application.
- Do not leave any question blank. If a question does not apply to you, enter 0 or a similar answer.

### Third Step

- **Verify** the information that you entered.

- As you progress through the application, please review each page before moving on to the next.

## Final Step

**Submit your application with the following document to the CYC Customer Service Office** for review by our Scholarship Committee. You can submit the application and the following required documentation in person, via fax, email or mail.

### Submitting Your Documents

You can submit your documents in 1 of 4 ways:

1. Deliver in person – You can hand deliver your documents to the Customer Service Office. Please put your information in an envelope and label it as follows: **CONFIDENTIAL: ATTENTION SCHOLARSHIP COMMITTEE**
2. Email - You can email your documents to [info@cycmail.org](mailto:info@cycmail.org)
3. Fax to CYC - You can fax your documents to CYC at (925) 685-0582 Attention Scholarship Committee
4. Mail to CYC - You can mail your documents to CYC at:

**Community Youth Center**  
**Attention Scholarship Committee**  
2241 Galaxy Court  
Concord, CA 94520

**\*\*\*REMINDER: APPLICATIONS WILL NOT BE CONSIDERED WITHOUT REQUIRED DOCUMENTATION!!!\*\*\***



# SCHOLARSHIP APPLICATION

## For CYC Scholarship Committee Use Only

Date Reviewed: _____
<input type="checkbox"/> Approved (Full/Partial \$ _____ ) <input type="checkbox"/> Denied, Reason: _____
Additional Notes: _____
Date Family contacted _____ Date Family confirmed _____
Method: Phone Call / E-mail / US Mail / In Person / Other _____

**Checklist:**

- Fill out application completely.
- Include ALL requested attachments with your application.
- Review and complete the checklist on the final page.
- Submit your application to CYC Customer Service Office.

Application Date: \_\_\_\_\_

New Application  Renewal  Applying for multiple children (please indicate how many) \_\_\_\_\_

\*\*If applying for multiple children, please be sure to indicate below.

**A. Applicant Information: (Person responsible for the account)**

	Parent/Guardian #1	Parent/Guardian # 2
Full Name		
Gender - Male/Female		
Relationship to Child		
Street Address		
City, State, Zip		
Home Phone		
Cell Phone		
Email Address		
Work Phone		
Occupation		
Employed By		
How Long		
Self Employed	Yes / No	Yes / No
Language(s) Spoken at Home		

**Please circle all that apply:** Parents Live Together   Parents Divorced / Separated   Single Income / Multiple Income  
 Dual Household   Mother Remarried   Father Remarried   Father Deceased   Mother Deceased

**B. Dependent Information:**

Please list all dependent children, including non-school age and college students. Please enter all relevant information. \*\*

*For more than two children please continue entering information in section G.*

Child #1	First Name	Middle Name	Last Name	CYC Member Yes / No / Former
Home Address:				City: State: Zip:
Home Phone:		Cell Phone:	Email Address:	
Date of Birth:	Female ___ Male ___	Involved in other activities? Yes / No If yes, list type:		
School:	Grade:	City:	Applying for CYC Scholarship Yes / No	
Language(s) spoken at home:			Child lives with:	

Child #2	First Name	Middle Name	Last Name	CYC Member Yes / No / Former
Home Address:				City: State: Zip:
Home Phone:		Cell Phone:	Email Address:	
Date of Birth:	Female ___ Male ___	Involved in other activities? Yes / No If yes, list type:		
School:	Grade:	City:	Applying for CYC Scholarship Yes / No	
Language(s) spoken at home:			Child lives with:	

**PLEASE NOTE: FOR SCHOLARSHIP CONSIDERATION YOU MUST PROVIDE REQUIRED FINANCIAL DOCUMENTATION. APPLICATIONS WILL NOT BE CONSIDERED WITHOUT CURRENT FINANCIAL DOCUMENTATION.**

**C. Household Information:**

Number of Parents/Guardians who reside in my/our household:	
Number of children who reside in my/our household:	
Number of dependents <b>NOT</b> living in my/our household:	Please Explain:
<i>**Please complete section H. on page 3 regarding other household members.</i>	
Number of other individuals who reside in my/our household:	
Total Annual Household Income: \$	
Parent/Guardian #1 income per year: \$	Parent/Guardian #2 income per year: \$
Do you own or rent your place of residence? Rent / Own	Monthly Payment: \$
Does your child(ren) receive free or reduced lunches at school? Yes / No	
Do any of your children attend private school? ( Yes / No ) If so, what is the annual tuition cost?	

Do you receive income from any other source (i.e. child support, welfare, etc.)? Yes / No

List all family automobiles, trucks, RV's, boats, etc.:

Make	Model	Year		Make	Model	Year
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____

**D. What fees are you requesting financial assistance with?**

- |  |  |
|--|--|
| a) Monthly Dues <input type="checkbox"/> | c) Advanced Training Fees <input type="checkbox"/> Program _____ |
| b) Summer Camps <input type="checkbox"/> | Level ____ Team _____  |

What is the required fee? \_\_\_\_\_ How much of the required fee can you pay? \_\_\_\_\_

**E. Please state your reason(s) for requesting a scholarship from CYC:**

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**F. Are you willing to volunteer at CYC?**

Yes  If yes, please let us know any particular areas you can help: \_\_\_\_\_  
 No  If no, please explain: \_\_\_\_\_

### G. Additional Child Information (continued from Section B. Page 1)

<b>Child #3</b>	First Name	Middle Name	Last Name	<b>CYC Member Yes / No / Former</b>	
Home Address:			City:	State:	Zip:
Home Phone:		Cell Phone:		Email Address:	
Date of Birth:	Female___ Male___	Involved in other activities? Yes / No If yes, list type:			
School:		Grade:	City:	Applying for CYC Scholarship Yes / No	
Language(s) spoken at home:		Child lives with:			
<b>Child #4</b>	First Name	Middle Name	Last Name	<b>CYC Member Yes / No / Former</b>	
Home Address:			City:	State:	Zip:
Home Phone:		Cell Phone:		Email Address:	
Date of Birth:	Female___ Male___	Involved in other activities? Yes / No If yes, list type:			
School:		Grade:	City:	Applying for CYC Scholarship Yes / No	
Language(s) spoken at home:		Child lives with:			
<b>Child #5</b>	First Name	Middle Name	Last Name	<b>CYC Member Yes / No / Former</b>	
Home Address:			City:	State:	Zip:
Home Phone:		Cell Phone:		Email Address:	
Date of Birth:	Female___ Male___	Involved in other activities? Yes / No If yes, list type:			
School:		Grade:	City:	Applying for CYC Scholarship Yes / No	
Language(s) spoken at home:		Child lives with:			
<b>Child #6</b>	First Name	Middle Name	Last Name	<b>CYC Member Yes / No / Former</b>	
Home Address:			City:	State:	Zip:
Home Phone:		Cell Phone:		Email Address:	
Date of Birth:	Female___ Male___	Involved in other activities? Yes / No If yes, list type:			
School:		Grade:	City:	Applying for CYC Scholarship Yes / No	
Language(s) spoken at home:		Child lives with:			

### H. Additional Household Member Information (Continued from Section C. Page 2)

<b>Additional Household member:</b>	First Name	Middle Name	Last Name
Date of Birth:	Age:	Relation to Parent/Guardian:	
<b>Additional Household member:</b>	First Name	Middle Name	Last Name
Date of Birth:	Age:	Relation to Parent/Guardian:	
<b>Additional Household member:</b>	First Name	Middle Name	Last Name
Date of Birth:	Age:	Relation to Parent/Guardian:	

### TERMS OF THE CYC SCHOLARSHIP POLICY

Incomplete applications will NOT be accepted and ALL required documentation must be provided. CYC reserves the right to discontinue a scholarship at any time. Partial scholarships may be awarded on a case-by-case basis, as determined by the CYC scholarship committee. Membership scholarships will expire every 12 months; applicants will need to reapply. Advanced Training scholarships will need to re-apply annually or when there is a change in training level. Previously approved applications do not guarantee the approval of future scholarships. Note: All information will be kept strictly confidential. Our Financial criterion is that Members come from families who have great economic need. The upper limit on family income is 185 percent of the Federal Poverty Level. Eligibility is based on the number of individuals in your household and total gross household income.

**I, the applicant, have read and agree to the TERMS OF THE CYC SCHOLARSHIP POLICY; I request that I be placed on scholarship status.** Everything I have stated in this application is true and correct to the best of my knowledge. I understand that CYC is authorized to check my credit and employment history and to answer questions about my credit experience with CYC. I will provide any additional information the scholarship committee requests to finalize scholarship status.

_____ Parent/Guardian #1 Signature  _____ Date (Month/Day/Year)	_____ Name of Parent/Guardian (Please Print)
_____ Parent/Guardian #2 Signature  _____ Date (Month/Day/Year)	_____ Name of Parent/Guardian (Please Print)

### APPLICATION CHECKLIST

**COMPLETED APPLICATIONS MUST INCLUDE THE FOLLOWING ITEMS:**

\_\_\_\_\_ Transcript for the following year attached

<b>Scholarship Eligibility - Number of Persons in Household</b>							
1-2	3	4	5	6	7	8	Monthly Membership Fee
\$25,050.00	\$28,200.00	\$31,300.00	\$33,850.00	\$36,350.00	\$38,850.00	\$41,350.00	FULL
\$41,750.00	\$46,950.00	\$52,150.00	\$56,350.00	\$60,500.00	\$64,700.00	\$68,850.00	\$5 per Child
\$64,350.00	\$72,400.00	\$80,400.00	\$86,850.00	\$93,300.00	\$99,700.00	\$106,150.00	\$10 per Child