



Community Services Department, 2175 Cherry Avenue, Signal Hill, CA 90755-3799  
(562) 989-7330 www.cityofsignalhill.org

## 2021-2022 LIVE OUT LOUD SCHOLARSHIP PROGRAM APPLICATION

Please complete the application in its entirety in order to allow prompt processing. All information is confidential. The following information is required to determine your eligibility for the Scholarship Program (please attach copies to your application).

- **Photo identification (driver’s license or California identification card)**
- **A current utility bill in your name to verify residency**
- **Copy of your 2020 Federal Income Tax return OR a copy of your two most recent pay stubs**

In order to qualify for the Scholarship Program, you must fall within the following income limits:

(Must include total of all adults income living in household)

| 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons |
|----------|-----------|-----------|-----------|-----------|-----------|
| \$41,400 | \$47,300  | \$53,200  | \$59,100  | \$63,850  | \$68,600  |

Upon completion of the application, staff will set up an appointment to meet with you and review your application and documents to verify your qualification for the scholarship program. Once approved, a scholarship account will be set up in your name and be available for the current fiscal year. Scholarships for up to \$150 are available to all persons within the household.

### Scholarships can be requested for the following:

#### **City Programs/Activities**

Afterschool Recreation Club (ARC)  
Event Admission

Active Adults Excursions  
Youth Sports Fee

Facility Rental  
Community Garden

#### **Recreation/Arts/Educational Programs/Activities Hosted by Other Organizations**

Swimming Lessons  
Exercise Classes  
Theatre Performances

Visual/Theatre Arts  
Dance Classes  
Cultural Activities

Youth Sports  
Music Classes  
Other (Please call for info)

(The funds are available for use in class settings hosted by a surrounding city, community or non-profit organizations)

### **Main Contact (please print):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Signal Hill, CA 90755-3799

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Amount you can pay toward program fees \_\_\_\_\_

Number of in household: Youth (Ages Infant to 17) \_\_\_\_\_ Adults (Ages 18+) \_\_\_\_\_

Annual gross earnings of entire household: \_\_\_\_\_

**Information of Persons Scholarship is Requested For:**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Describe Program/Activity Funds are Requested For:

Organization: \_\_\_\_\_ Address: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

Class/Activity Cost: \_\_\_\_\_

**(Add additional pages if necessary)**

Please explain why you are requesting a scholarship. Provide any information you feel will be helpful for the Board to make a determination of support.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you receiving other support services from the City of Signal Hill? If yes, which programs:

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit application by emailing to [ComServices@cityofsignalhill.org](mailto:ComServices@cityofsignalhill.org), faxing to 562-989-7374 or mailing to 2175 Cherry Avenue, Signal Hill CA 90755**

**STAFF USE ONLY**

|  | Staff Initials | Notes |
|--|----------------|-------|
| Application complete                       | _____          | _____ |
| Applicant meets residency qualifications   | _____          | _____ |
| Applicant meets income qualifications      | _____          | _____ |
| Photo ID attached                          | _____          | _____ |
| Income verification attached               | _____          | _____ |
| Application recommended for approval (Y/N) | _____          | _____ |
| SHCF Board Approval                        | _____          | _____ |

**Scholarship funds available beginning July 1, 2021 – June 30, 2022**

\_\_\_\_\_  
Community Services Manager Date

\_\_\_\_\_  
Community Services Director Date