

IPSF Programs Scholarship Application – 2022-2023

IPSF offers scholarships to help IUSD students participate in our programs at a discounted rate. Full and partial scholarships are available and awarded based on income eligibility and funding availability. Funding is determined by grants and donations IPSF receives from corporate and individual donors each year.

ELIGIBILITY

ACE – AFTERSCHOOL CLASSROOM ENRICHMENT	SUMMER																																				
<ul style="list-style-type: none"> For in-person classes, student must attend the IUSD school where the ACE class is offered For Online classes, student must attend an IUSD school Scholarships are limited to one class per student per session Scholarships are awarded for up to 100% of the class cost and are limited to \$400 per student per school year 	<ul style="list-style-type: none"> Student must attend an IUSD school Scholarships are limited to two summer classes per student, regardless of session Scholarships are awarded for up to 100% of the class cost This application is not valid for Galileo camps – please inquire about scholarship opportunities directly with those organizations 																																				
<ul style="list-style-type: none"> The applicant’s entire household must provide proof of gross income along with supporting documentation 																																					
<ul style="list-style-type: none"> Only those individuals listed on the tax return are eligible to apply for scholarship funds 																																					
<ul style="list-style-type: none"> Do NOT register for classes prior to submitting a scholarship application. Refunds will NOT be issued. 																																					
<ul style="list-style-type: none"> Income Guidelines <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;">Household Size</th> <th style="width: 25%;">Extremely Low Income</th> <th style="width: 25%;">Low Income</th> <th style="width: 35%;">Moderate Income</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$28,500</td><td style="text-align: center;">\$47,450</td><td style="text-align: center;">\$75,900</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$32,550</td><td style="text-align: center;">\$54,200</td><td style="text-align: center;">\$86,750</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$36,600</td><td style="text-align: center;">\$61,000</td><td style="text-align: center;">\$97,600</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$40,650</td><td style="text-align: center;">\$67,750</td><td style="text-align: center;">\$108,400</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">\$43,950</td><td style="text-align: center;">\$73,200</td><td style="text-align: center;">\$117,100</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">\$47,200</td><td style="text-align: center;">\$78,600</td><td style="text-align: center;">\$125,750</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">\$50,450</td><td style="text-align: center;">\$84,050</td><td style="text-align: center;">\$134,450</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">\$53,700</td><td style="text-align: center;">\$89,450</td><td style="text-align: center;">\$143,100</td></tr> </tbody> </table> <p style="text-align: center; font-size: small; margin-top: 5px;">Based on 2022 Median Family Income for the Orange Metropolitan Area of \$119,100</p>		Household Size	Extremely Low Income	Low Income	Moderate Income	1	\$28,500	\$47,450	\$75,900	2	\$32,550	\$54,200	\$86,750	3	\$36,600	\$61,000	\$97,600	4	\$40,650	\$67,750	\$108,400	5	\$43,950	\$73,200	\$117,100	6	\$47,200	\$78,600	\$125,750	7	\$50,450	\$84,050	\$134,450	8	\$53,700	\$89,450	\$143,100
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SUBMISSION DEADLINE

ACE – AFTERSCHOOL CLASSROOM ENRICHMENT	SUMMER
<p>Scholarship applications must be received by 5:00 p.m. at least two (2) full business days before registration closes. For example, if registration ends Friday, application due by 5:00 p.m. Wednesday.</p> <p>Deadlines will vary - please refer to your school’s information on www.ipsf.net/afterschool</p>	<p>Scholarship applications must be received in the IPSF office by 5:00 p.m. on the published deadline.</p> <p style="text-align: center;">www.ipsf.net/summer</p>

HOW TO SUBMIT APPLICATION

You can submit your completed application with all required documents in one of the following ways:

- Email – Send completed PDF application with required documents to programs@ipsf.net with subject line: Scholarships – Student Last Name. Sensitive information such as bank accounts, social security numbers, etc. should be redacted (blacked out with Sharpie/White Out or information removed digitally)
- School office – You may drop off completed application with required documents at your school’s front office (let them know it is for IPSF district mail)
- Mail or hand deliver - Completed applications and all required documentation can be **mailed or dropped off at the IPSF office at the address below**. Instructions for submitting hand delivered applications are posted on the front door of the IPSF office.
IPSF Scholarships
1 Post, Suite 250 Irvine, CA 92618-5221
- Email programs@ipsf.net with the student’s name(s) and grade(s) to advise when an application has been submitted.

The IPSF office is closed to the public. Please direct scholarship questions to programs@ipsf.net.

APPLICATION CHECKLIST

Incomplete applications will **NOT** be processed.

Is this your first IPSF scholarship application since July 1, 2022? YES NO

Has the number of people in your household changed since your last submitted application? YES NO

Have your income sources changed since your last submitted application? YES NO

If NO to ALL of the above, SKIP to Section 2.

If YES to ANY of the above, provide ALL of the following:

- Scholarship Application completed in its entirety for each student.
- Current federal tax return – F1040EZ, F1040A, or F1040, including schedules. If self-employed, include Schedule C.
- Supporting documentation for all sources of income identified on the “Income Documentation Requirements” page.
- Two (2) current utility bills in parent/guardian name (electric, home gas, water, trash/sewer, or cable bill only).
- A new parent/guardian account and student profile(s) have been created at www.ipsf.net/programs. Previous account data will not be transferred over.
- Certification of Zero Income (if applicable)

Section 2

- IPSF Scholarship Application pages 3-5 completed in its entirety for each student.
- Current supporting documentation for all sources of income identified on the “Income Documentation Requirements” on page 5.

APPLICATION REVIEW

- Results of the scholarship application review will be **emailed** within three (3) business days of receipt of a completed application. If approved, award amounts are distributed as a discount coupon code applied during online registration.
- Once any awards are granted, it is the responsibility of the parent/guardian to register online for classes and submit payment for the remaining balance (if applicable) at the time of registration.
- Class space availability is based on first come/first served; application approval does not guarantee a spot in the class.
- Discount codes cannot be combined with any other discounts or promotions.



IPSF Scholarship Application - ACE Program 2022-2023

Date of Application: _____

STUDENT

Student Name: _____ Birthdate: _____

Current School: _____ Current Grade: _____

PARENT/GUARDIAN APPLICANT

Parent/Guardian Name: _____

Home Address: _____

Daytime Phone Number: _____ Email: _____

Marital Status: Single Married Separated Divorced Widowed

CLASS INFORMATION

- Refer to www.ipsf.net/afterschool for class offering details.
- This application does not reserve a spot for your student in the class or guarantee enrollment.
- Class information must be included in order for the scholarship to be processed.

Class Format: Online In-Person

ACE Class Requested: _____ Class Fee: _____

Class Day of Week: _____ Class Time: _____

IPSF shall be the sole decision-maker regarding the award of any scholarship, and its decision shall be final. IPSF is not obligated to provide any scholarship, and all scholarships are subject to funding availability. The applicant shall not have legal or equitable recourse against IPSF concerning any scholarship or scholarship application. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so. Under the penalty of perjury, I certify that the above information is true and correct.

Parent/Guardian Signature

Date

IPSF Reviewer Signature

Date

Household Composition and Income

Enter the total number of household members: _____

List <u>ALL</u> household members including yourself, spouse/domestic partner, all children regardless of age, relatives, and roommates.	Age	Relationship to Head of Household (Spouse, Child, Other, etc.)	Gross Annual Income and Status
Name of Head of Household 1		SELF <input type="checkbox"/> Female <input type="checkbox"/> Male	\$ <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled
Name of Adult/Child 2			\$ <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent
Name of Adult/Child 3			\$ <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent
Name of Adult/Child 4			\$ <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent
Name of Adult/Child 5			\$ <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent
Name of Adult/Child 6			\$ <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent
Name of Adult/Child 7			\$ <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent
Name of Adult/Child 8			\$ <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent

This program may be funded by a federal grant, and we are required to collect certain information for reporting purposes.

This information is confidential and will be used to compile statistical data only. Please fill in the following:

1. Ethnic Background (Check One): Hispanic Non-Hispanic
2. Racial Background (Check One):

White	American Indian/Alaskan Native & White
Black/African American	American Indian/Alaskan Native & Black/African American
Asian	Asian & White
American Indian/Alaskan Native	Black/African American & White
Native Hawaiian / Other Pacific Islander	Other Multi-Racial

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so.

Under the penalty of perjury, I certify that the above information is true and correct

Parent/Guardian Signature

Date

Income Documentation Requirements

Questions 1-15 applies to **ALL** household members, regardless of age or relationship. Answer Yes or No for **each** question. If Yes, indicate the TOTAL amount of monthly gross income received by all household members and attach copies of acceptable forms of documentation as indicated in "Documentation Required" column.

#	Source of Income		Gross Monthly Income in Dollars	Documentation Required
1	Salary	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Last (3) paychecks for EACH employed individual; or Written verification of employment including salary/wage information and number of hours worked each week.
2	Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Most recent Federal income tax return - Schedule C Account records; or Most current quarterly income tax return (not older than 6 months)
3	Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Award letter stating amount of benefits
4	CalWORKS (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5	CalFresh/SNAP	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Award letter stating amount of benefits; or Weekly or monthly check; or Court papers showing payments (divorce); or Affidavit of child support signed by applicant
7	Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Award letter stating amount of benefits; or Weekly or monthly check
8	Supplemental Security Income / Disability SSI/SSD	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9	Aid for Families with Dependent Children (AFDC)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10	General Relief	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Award letter stating amount of benefits; or Weekly or monthly check
11	Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12	Interest from bank accounts and cash funds, savings	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Most recent Federal income tax return showing interest earned; or Bank statements showing last (6) months of interest; or Investment statements indicating the amount of dividends earned
13	Family/friend/other provides housing, basic needs, childcare	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Signed letter from individual providing financial support stating amount, dates, type of support, and relationship to student; and
14	Other income not shown above	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Last (3) months of bank statements (checking and savings accounts)
15	Zero Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Certification of Zero Income form for each adult 18 years or older in the household; and Last (3) months of bank statements (checking and savings accounts)

Total gross monthly income from **ALL** sources above: \$ _____

I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so. **Under the penalty of perjury, I certify that the above information is true and correct.**

Parent/Guardian Signature

Date



Certification of Zero Income

To be completed by each adult household member 18 and over who are claiming zero income from any source.

Name: _____

Address: _____ City: _____ Zip: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Net income from operation of a business or income from self-employment (i.e. sales of Avon, Mary Kay, Shaklee, etc. or other business income);
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments (i.e. welfare, TANF, etc.);
 - h. Periodic allowance such as alimony, child support, or gifts received from persons not living in my household; and/or
 - i. Any other source not named above.

2. Choose the statement below that most closely applies to your situation:
 - Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.
 - Currently, I have no income of any kind and will not be seeking employment at this time.

3. I will be using the following sources of funds to pay for rent and other necessities:

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so.

Signature

Printed Name

Date