



YOUTH SPORTS SCHOLARSHIP PROGRAM APPLICATION

The City of Paramount's Youth Sports Scholarship Program is designed to provide supplemental financial assistance to families that may not otherwise be able to participate in youth sports programs being offered through the independent youth leagues because of financial hardship. Eligible residents will be able to apply for a scholarship for each of their children under the age of 18 years old interested in participating in Paramount Youth Soccer Organization (PYSO), Paramount Junior Athletic Association (PJAA) and WestCoast Rebels (WCR).

Scholarships will be awarded on a sliding scale. All information submitted as part of the application will be confidential and will be used only to determine the level of scholarship awarded. Qualifying low-income families can receive 60-100 percent off the cost of the monthly class.

Income Guidelines

Family Size	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Acutely Low Income Limits	\$10,900	\$12,300	\$13,650	\$14,750	\$15,850	\$16,950	\$18,000
Extremely Low Income Limits	\$28,600	\$32,200	\$35,750	\$38,650	\$41,500	\$44,350	\$47,200
Very Low Income Limits	\$47,650	\$53,600	\$59,550	\$64,300	\$69,100	\$73,850	\$78,650
Low Income Limits	\$76,250	\$85,800	\$93,500	\$102,950	\$110,550	\$118,200	\$125,800

Required Supplemental Documentation Checklist

Residency Requirement:

(Two Required)

- Utility Bill
- Tenant Agreement
- California's Driver's License
- California Identification Card
- Child's School Transcript

Relationship Verification:

(One Required)

- Child's Birth Certificate
- Legal Guardianship Verification
- Foster Care Verification

Income Verification:

(Last Year's Tax Return Required + One Additional Form)

- W-2
- Most Recent Paystub
- Social Security / Disability Income
- Unemployment Verification
- Federal Assistance Verification
- Rental Subsidy Verification



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Complete and return this application along with **ALL REQUIRED DOCUMENTS** to the Community Services and Recreation Department at 15300 Downey Avenue, Paramount, CA 90723. Your application will not be processed without proof of income.

Parent/Guardian:	DOB:	Age:
Mailing Address:		
E-mail Address:	Primary Phone:	
Place of Employment:	Work Phone:	

Child(ren) in Household Seeking a Youth Scholarship:

Child #1 Name:	Age:	DOB:	Gender:
School of Attendance:			Grade Level:
List Sport Organization/League Your Child Will be Registering for:			Season:

Child #2 Name:	Age:	DOB:	Gender:
School of Attendance:			Grade Level:
List Sport Organization/League Your Child Will be Registering for:			Season:

Child #3 Name:	Age:	DOB:	Gender:
School of Attendance:			Grade Level:
List Sport Organization/League Your Child Will be Registering for:			Season:

Child #4 Name:	Age:	DOB:	Gender:
School of Attendance:			Grade Level:
List Sport Organization/League Your Child Will be Registering for:			Season:

Total Annual Income Combined \$ _____
Total Members in your Household _____
I am able to pay \$ _____ towards the cost of the program.

I affirm that the information provided is complete, true and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Today's Date: _____

Office Use Only:

Date Application Received:	Annual Income:	Qualification %:	
Eligibility:	Date:	Funding:	Date: