



City of San Gabriel
Community Services Department
250 South Mission Drive • San Gabriel, CA 91776
(626) 308-2875

"AQUATICS" SPONSORSHIP PROGRAM

What is the Aquatics Sponsorship Program?

Aquatics sponsorship program gives eligible youth from low and moderate-income families an opportunity to participate in San Gabriel's Learn to Swim Aquatics program. This particular program is funded through the San Gabriel Kiwanis Club. Through this partnership, scholarships will be available for aquatics classes for any family experiencing financial hardships. This program is limited to the funding available.

Who may apply?

Families who live within the San Gabriel city limits or whose children attend San Gabriel schools are eligible to apply for a sponsorship for any of their children ages 14 and under. Proof of annual income must be submitted in order to determine if the family's income meets HUD guidelines for low and moderate income.

What does the sponsorship cover?

Each eligible family (household) may receive up to one swim cycle per child depending on household income and the number of people in the family (household), or as determined by Administrative staff.

How do I apply for the Aquatics sponsorship?

Complete the attached application. Please fill out a separate application for a foster child or for each child who is a ward of the court. They are considered a household of one.

Read the attached "Verification of Financial Eligibility" to determine the proof of income that you will need to submit with your application.

Attach photocopies of all financial documents required. If you submit an incomplete application (missing documents verifying your financial status), this will delay the application process. All information will be kept confidential.

Submit applications with photocopies of financial documents at least **two-weeks** before the registration deadline or two-weeks before the first meeting date of a class. This will allow time to process your application.

Email, Mail or Hand Deliver your completed application and photocopies of financial documents to: calatorre@sgch.org; Aquatics Sponsorship, San Gabriel Community Services Department, 250 South Mission Drive, San Gabriel, CA 91776.



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FOR INTERNAL USE ONLY
 APPROVED _____
 NOT APPROVED _____

“AQUATICS” SPONSORSHIP APPLICATION

 Parent/Guardian's Name Home Phone Work Phone Cell Phone

 Parent/Guardian's Name Home Phone Work Phone Cell Phone

Address: _____
 Street City Zip

E-mail Address: _____ Total Number of Members in Household: _____

Name of Child(ren) Participating in Program	Birthdate	Is child a foster child or ward of court?
1. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Income (see attached sheet for more information) :

Sources of Income	Monthly Total	Received by which household member?
Gross wages/salary (before taxes/deductions)	\$	
Social/Supplemental Security Income	\$	
Public Assistance	\$	
Alimony	\$	
Child Support	\$	
Other	\$	
TOTAL MONTHLY INCOME	\$	
TOTAL ANNUAL INCOME	\$	

All information provided on this application will be kept confidential.

I certify that the above information is correct. I will notify the Community Services Department immediately if there are any changes, including my income, number of household members, place of residence and phone number.

I understand that the Aquatics Sponsorship is a privilege and not a right, and that it is subject to the income verification statements that I have submitted. I also understand that the Aquatics Sponsorship only pays for a single class. I certify that I have submitted all copies of applicable documents related to income verification, and certify that they are true and accurate copies of the originals. I also understand that if any statements submitted are later determined to be inaccurate, it may immediately terminate my child’s privilege to benefit from the program.

PLEASE NOTE: Both parents/guardians must sign below.

 Parent/Guardian Signature Date Parent/Guardian Signature Date

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**VERIFICATION OF FINANCIAL ELIGIBILITY FOR
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Scholarship applications must be submitted with proof of income for all household members. Applications received without proof of income *cannot* be processed. Please submit photocopies of all applicable documents, as indicated below, to verify total household income. **Please do not submit original documents.** To ensure confidentiality, please submit your documents in a sealed envelope marked "Aquatics Sponsorship Application."

Annual income is the anticipated total income that will be received by all household members (all related or unrelated individuals who are sharing living expenses: rent, food, clothes, utility bills, medical expenses, etc.) for the 12-month period following the date of your application. Proof of income includes, but is not limited to, photocopies of any of the following documents that apply to your household:

Last two consecutive paycheck stubs for all employment—indicating gross pay, which is the full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses; time period covered; and year-to-date gross income. If this information is not included on the paycheck stub, please call the scholarship staff at (626) 308-2875 to discuss alternatives.

If you are self-employed, you may submit photocopies of your most recent federal income tax return, indicating net income from operation of a business or profession—include photocopies of all schedules and W-2 forms submitted with the return.

AFDC or other assistance programs—most recent "Notice of Action" from the County indicating cash grant

HUD—yearly notice listing the amount of Section 8 assistance

Social Security or Supplemental Security Income (SSI)—"Statement of Benefits" for the current year, "Direct Deposit" notice, or current bank statement indicating direct deposit of benefits

Retirement Income (annuities, pensions) form—1099 or last two consecutive paycheck stubs, indicating gross pay, time period covered and year-to-date gross income

Unemployment insurance benefits, worker's compensation, or disability income—"Statement of Benefits" or most recent check stub indicating the amount

Alimony/Child Support—court documents indicating the amount

Family Support (*regular contributions received from persons not residing within the household*)—letter from person(s) providing support, stating amount given

Educational grants (*if grant covers living expenses*)—documents indicating amount allotted for living expenses; any part of the grant that is for school expenses, tuition, books, etc., is **not** considered income

Interest/dividends or income from estates/trusts/investments (*taxable and nontaxable*)—1099 forms

NOTE: Other forms of proof of income may be accepted in special circumstances. Please verify with scholarship staff before submitting with application.