Welcome to the City of Poway’s PLAY Scholarship Program for Poway residents who are 17 years old or younger, or who are developmentally disabled (any age).

Families that qualify for the PLAY Scholarship Program will receive a credit of up to $40 for one class for each eligible person per season, for a maximum scholarship of $160 per person each year. PLAY can be used for recreation and swimming classes. Families pay only those costs that exceed $40, and any materials fees due to the instructor. If the entire $40 credit is not used for one class, it cannot be refunded, transferred to another child, used for an additional class, or used for a different season.

You may apply for a PLAY Scholarship by completing the information below. If you have any questions, please call the Community Services Office at (858) 668-4570. Applications and supporting income documentation must be received by the Community Services Department prior to registering for a class during the first applicable season.

Income verification is required when the application is submitted. Acceptable types of income verification documents include the following: most recent federal income tax return, pay stubs, W-2 forms, award letter or check stub (for social security benefits, disability benefits, unemployment, workers’ compensation, or veteran’s benefits). You may turn in your application and income verification documents at the Community Services office, 13325 Civic Center Drive, or mail to:

City of Poway  
Attn: Community Services Department  
PLAY Scholarship Program  
P.O. Box 789  
Poway, CA 92074-0789

Please print or type...

Parent/Guardian Name: ____________________________________________

Address: __________________________________________________________

Street     City     Zip

Work Phone: ________________________________ Home Phone: ________________________________

Cell Phone: ________________________________ E-mail Address: _____________________________

Number of Children in Family ________ Number of related persons living in household: ________

Please mark the current recreation program season:  Summer_____ Spring _____ Fall_____ Winter _____

List the names of children applying for scholarships:

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Birthdate</th>
<th>Child’s Name</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

-OVER-
If you are currently receiving AFDC or Food Stamps, please complete the section entitled AFDC or Food Stamp Recipient and do not fill out the Household Income section.

**AFDC or Food Stamp Recipient**
Your household currently receives the following (mark with an “X” in the appropriate box):

- Food Stamps ☐  Case Number: ___________________________
- AFDC ☐  Case Number: ___________________________

I give my permission to the appropriate agencies to release information regarding our eligibility for verification by the City of Poway’s Community Services Department.

______________________________________________  ______________________________  
Signature of Parent or Guardian          Date  

**Household Income (For Applicants NOT Receiving AFDC or Food Stamps)**
To be eligible for the PLAY Scholarship Program, household income must fall within the income guidelines based upon HCD income limits for San Diego County, April 2021.

Please mark with an “X” your family’s gross income (mark only one box):

**Monthly Income No More Than:**  OR  **Annual Income No More Than:**

<table>
<thead>
<tr>
<th># of Persons in Home</th>
<th>Monthly Income No More Than:</th>
<th># of Persons in Home</th>
<th>Annual Income No More Than:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$5,658</td>
<td>1</td>
<td>$67,900</td>
</tr>
<tr>
<td>2</td>
<td>$6,467</td>
<td>2</td>
<td>$77,600</td>
</tr>
<tr>
<td>3</td>
<td>$7,275</td>
<td>3</td>
<td>$87,300</td>
</tr>
<tr>
<td>4</td>
<td>$8,083</td>
<td>4</td>
<td>$97,000</td>
</tr>
<tr>
<td>5</td>
<td>$8,733</td>
<td>5</td>
<td>$104,800</td>
</tr>
<tr>
<td>6</td>
<td>$9,379</td>
<td>6</td>
<td>$112,550</td>
</tr>
<tr>
<td>7</td>
<td>$10,025</td>
<td>7</td>
<td>$120,300</td>
</tr>
<tr>
<td>8</td>
<td>$10,671</td>
<td>8</td>
<td>$128,050</td>
</tr>
</tbody>
</table>

Note: To calculate monthly income, weekly incomes should be multiplied by 4.2, and bi-weekly incomes should be multiplied by 2.1.

I certify that all statements on this application are true and complete to the best of my knowledge and belief. I understand that untruthfulness or misleading answers are cause for rejection of this application and/or removal from the eligibility list.

______________________________________________  ___________________________________  
Signature of Parent or Guardian             Date  

**FOR OFFICE USE ONLY**
Date Received:_______________________              Reviewed by: ___________________________
☐ Income Verified  ☐ Approved  ☐ Rejected     Comments ______________________________  
Eligible Season/Year:  Summer__________     Fall__________
                      Winter __________      Spring __________  

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