



**City of Poway
Community Services Department
PLAY (Poway Leisure Assistance for Youth)
Scholarship Program Application**



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:

Child's Name	Birthdate	Child's Name	Birthdate

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 2025.

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:

# of Persons in Home	Monthly Income No More Than:
1	\$7,725
2	\$8,829
3	\$9,933
4	\$11,033
5	\$11,917
6	\$12,800
7	\$13,683
8	\$14,567

# of Persons in Home	Annual Income No More Than:
1	\$92,700
2	\$105,950
3	\$119,200
4	\$132,400
5	\$143,000
6	\$153,600
7	\$164,200
8	\$174,800

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 _____