



Scholarship Program (FY 2024-2025)

Applications take up to 4 weeks to process.

Date: _____ New Applicant: Y Re-apply: Y

APPLICANT INFORMATION:

Name: _____ Date of Birth: _____

Email Address (if 18 or older): _____

Phone Number (if 18 or older): _____

Address: _____ City: _____ Zip: _____

Grade: _____ School Attending: _____

Parent/Guardian (If under 18)

Name: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Alternate Phone: _____

Email: _____ Parent Date of Birth: _____

Income eligibility:

Please indicate your income category below, based on the number of people in your household:

| Income Category | Number of Persons in Household 4/1/2024 HUD Method | | | | | | | |
|--------------------------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | 1 person | 2 persons | 3 persons | 4 persons | 5 persons | 6 persons | 7 persons | 8 persons |
| Extremely Low 30% | \$31,850 <i>or less</i> | \$36,400 <i>or less</i> | \$40,950 <i>or less</i> | \$45,450 <i>or less</i> | \$49,100 <i>or less</i> | \$52,750 <i>or less</i> | \$56,400 <i>or less</i> | \$60,000 <i>or less</i> |
| Very Low 50% | \$31,851- \$53,050 | \$36,401- \$60,600 | \$40,951- \$68,200 | \$45,451- \$75,750 | \$49,101- \$81,850 | \$52,751- \$87,900 | \$56,401- \$93,950 | \$60,001- \$100,000 |
| 60% | \$53,051- \$63,650 | \$60,601- \$72,750 | \$68,201- \$81,850 | \$75,751- \$90,900 | \$81,851- \$98,200 | \$87,901- \$105,450 | \$93,951- \$112,750 | \$100,001- \$120,000 |
| Low 80% | \$63,651- \$84,900 | \$72,751- \$97,000 | \$81,851- \$109,150 | \$90,901- \$121,250 | \$98,201- \$130,950 | \$105,451- \$140,650 | \$112,751- \$150,350 | \$120,001- \$160,050 |
| Moderate 120% | \$84,901- \$100,400 | \$97,001- \$114,700 | \$109,151- \$129,050 | \$121,251- \$143,400 | \$131,951- \$154,850 | \$140,651- \$166,350 | \$150,351- \$177,800 | \$160,051- \$189,300 |



SCHOLARSHIP INFORMATION

The main purpose of this scholarship is to enable young people (under 25 years of age) living in the City of Vista to participate in positive activities by providing funds to help offset the cost of such activities for those that cannot afford it. Some examples include Club fees (ex: Boys and Girls Club fees), Camps and Summer Programs (ex: registration fees, Wave Water Park passes); Education (ex: tutoring, test preparation classes), Youth sports fees (ex: registration fees, uniforms, sports equipment), Visual and Performing Arts programs (ex: registration fees, supplies, costumes), and Job training and employment (ex: registration fees, uniforms, specialty tools and/or clothing). New/Current Vista Fire Cadets And EMTs or recent Vista Fire Cadets (participated within the last 24 months) may apply for a scholarship to cover the cost of EMT and firefighter/Paramedic classes; Cadets may also apply for funds to cover required equipment. ***Organizations/businesses must be located within the City of Vista.**

List of approved online equipment vendors: Amazon, Dick’s, Nike, Big 5 Sporting Goods, Under Armour. *Some exceptions apply*

Brief description of program/activity for which a scholarship is requested:

| Registration/Item Requested | Amount | Link to Website For Purchase |
|-----------------------------|--------|------------------------------|
| | | |
| | | |
| | | |
| | | |

Total Amount Requested (max: \$500) *please factor taxes/shipping costs*: _____

Program Start Date: _____

Contact information for program/activity/business:

Organization/Company name: _____

Address: _____

Phone number: _____

Contact name (if available): _____



SCHOLARSHIP APPLICATION REVIEW CALENDAR

The review calendar below follows the City of Vista’s fiscal year (July 2024 – June 2025). There are four (4) review months, which are put in place to help the city accurately track current youth scholarship budget availability and to help staff process the applications that have been submitted.

- September 2024, December 2024, March 2025, and June 2025 are the four (4) review months where no new applications will be accepted.
- The City will still be processing previously submitted applications during the review months.

City of Vista Youth Scholarship Review Calendar (FY 2024-2025)

| | |
|-----------------------|---|
| July 2024 | Accepting New Applications |
| August 2024 | Accepting New Applications |
| September 2024 | Review Period – No New Applications Accepted |
| October 2024 | Accepting New Applications |
| November 2024 | Accepting New Applications |
| December 2024 | Review Period – No New Applications Accepted |
| January 2025 | Accepting New Applications |
| February 2025 | Accepting New Applications |
| March 2025 | Review Period – No New Applications Accepted |
| April 2025 | Accepting New Applications |
| May 2025 | Accepting New Applications |
| June 2025 | End of FY 24-25 – No New Applications Accepted |

The City of Vista reserves the right to start, extend, or update the review calendar, throughout the year at any point in time, to better adapt to any departmental or City Council needs and/or suggestions that impact the City of Vista’s Youth Scholarship Program

Needed Documentation Checklist: (see Scholarship Program Guidelines document for more information)

- Fully completed scholarship application (including signature/date at end of application)
- Proof of Vista Residency (ex: utility bills, school records, paystub, etc.)
- Cost back-up/registration form, quote etc. of desired program/activity/equipment



Email or mail/hand deliver completed application and supplemental documents to:
Scholarship Program
City Clerk’s Office
200 Civic Center Dr.
Vista, CA 92084

Questions? Email: scholarships@cityofvista.com Phone: 760-639-6151

I certify that:

- Under penalty of perjury, all statements on this application are true and correct and I can verify this information if requested to do so.
- The Scholarship Program is a privilege, not a right, and I acknowledge the scholarship program is subject to income eligibility and program participation verification.
- If any statements submitted as part of the application are later determined to be inaccurate, I understand that the City has the right to immediately terminate my/my child’s privilege to participate in and/or receive any benefits from this program.
- I understand that my/my child’s participation may be terminated if I/they do not comply with the program guidelines of the organization/business.
- I am responsible for any costs above the scholarship award.
- **The City will make payment to the organization/business directly.**
- The City does not endorse, nor is responsible for, any actions of the organization/business

Signature of parent /guardian
or applicant if 18 or older

Date

For staff use only:

Date received: _____

Previous Amount Awarded: _____

Approved: ____ Yes ____ No

If no, reason for denial: _____

Amount approved: _____

Date payment made: _____

Notes: _____