



FINANCIAL AID APPLICATION

June 2023 to May 2024

Applications must be typed or written in pen neatly. Illegible or incomplete applications will not be accepted. Make sure to include all required documentation. Return completed application to the Arroyo Vista Recreation Center, or *mail* to: City of Moorpark, Financial Aid, 4550 Tierra Rejada Road, Moorpark CA 93021.

SECTION A: Head of Household Information

Head of Household Name: _____
 Date of Birth: ____/____/____ (must be at least 18 years of age)
 Spouse Name (if applicable): _____
 Date of Birth: ____/____/____
 Home Address: _____ City / Zip: _____
 Cell Phone: _____ Home Phone: _____
 Email Address: _____

SECTION B: Other Persons Living in the Home

List ALL other household members (any person living in the home 50% or more of the time)
All boxes must be filled out for each person.

Last Name	First Name	Date of Birth MM/DD/YY	Relationship to Head of Household:
1.		/ /	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
2.		/ /	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
3.		/ /	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
4.		/ /	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
5.		/ /	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
6.		/ /	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other _____

SECTION C: Household Income

List ALL income for the household

Household Member NAME	Source of Income	Annual (Yearly) Income Amount
	<input type="checkbox"/> Work <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> Public Assistance <input type="checkbox"/> Retirement <input type="checkbox"/> Other	\$
	<input type="checkbox"/> Work <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> Public Assistance <input type="checkbox"/> Retirement <input type="checkbox"/> Other	\$
	<input type="checkbox"/> Work <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> Public Assistance <input type="checkbox"/> Retirement <input type="checkbox"/> Other	\$
	<input type="checkbox"/> Work <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> Public Assistance <input type="checkbox"/> Retirement <input type="checkbox"/> Other	\$
	<input type="checkbox"/> Work <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> Public Assistance <input type="checkbox"/> Retirement <input type="checkbox"/> Other	\$
TOTAL Annual (Yearly) Household Income		\$



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SECTION D: Requested Financial Aid

List each household member for whom you are requesting a Financial Aid award, which program you are requesting Financial Aid for, and the amount you are requesting. *Keep in mind that Financial Aid must be used toward the program selected, and participants who do not spend at least 75% of their award will not be eligible for Financial Aid next year. Maximum award per household is \$2,500.*

Household Member NAME	Financial Aid Program Requested (Select only ONE)	Amount Requested
	<input type="checkbox"/> MLLA \$1,500 max <input type="checkbox"/> Camp Moorpark \$1,000 max <input type="checkbox"/> All Other Programs \$200 max	\$
	<input type="checkbox"/> MLLA \$1,500 max <input type="checkbox"/> Camp Moorpark \$1,000 max <input type="checkbox"/> All Other Programs \$200 max	\$
	<input type="checkbox"/> MLLA \$1,500 max <input type="checkbox"/> Camp Moorpark \$1,000 max <input type="checkbox"/> All Other Programs \$200 max	\$
	<input type="checkbox"/> MLLA \$1,500 max <input type="checkbox"/> Camp Moorpark \$1,000 max <input type="checkbox"/> All Other Programs \$200 max	\$
	<input type="checkbox"/> MLLA \$1,500 max <input type="checkbox"/> Camp Moorpark \$1,000 max <input type="checkbox"/> All Other Programs \$200 max	\$
	<input type="checkbox"/> MLLA \$1,500 max <input type="checkbox"/> Camp Moorpark \$1,000 max <input type="checkbox"/> All Other Programs \$200 max	\$

SECTION E: Signature Required to Complete Application

I certify that all of the about information is true and correct and that all income is reported. I understand that this information is given for the receipt of municipal funds, and that City officials and/or their designees will verify the information on this application. I understand that deliberate misrepresentation on this application will result in removal from the Financial Aid Program, and that I will be responsible for repaying any and all Financial Aid funds used. I understand that Financial Aid funds are limited, and that funding may not be available for all qualifying families.

Signature of head of household completing this form

Today's date

Print name

APPLICATIONS MUST BE SUBMITTED BETWEEN MAY 1 AND JUNE 9, 2023.

All scholarship awards must be used by MAY 31, 2024.

STAFF USE ONLY

Date Application Received: _____ Reviewed By: _____

Documentation Attached: **Proof of Residency** Photo ID **AND** Utility Bill

Proof of Income Proof of Public Assistance **OR**

Federal Tax Return **AND** Paycheck Stubs

Other: _____

Application Approved: Yes No (Reason: _____)

Staff Signature: _____ Date: _____

IF APPROVED: Date Entered in VSI: _____ Date Applicant Notified: _____