



Community Services Department

1922 Artesia Boulevard
Redondo Beach, California 90278
www.redondo.org

tel: 310 318-0610
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**“Dream Come True”
Scholarship Application**

Children (under age 18) are eligible for \$100 off any registration
Must use within 30days of approval ~ one \$100 award per year per child

Redondo Beach residents only (No P.O. Box) **NO EXCEPTIONS**

**A SEPARATE APPLICATION MUST BE FILLED OUT FOR EACH CHILD AND
MUST BE SUBMITTED IN PERSON**

Parent/Guardian’s Name _____
First Last Middle

Address City Zip

Primary Phone _____ Secondary Phone _____

Email: _____

Number of people in your household _____

Name of Child _____ Age _____ Class/Camp Number _____

Application Process

All copies will be retained. Do not bring originals.

Parent/Guardian must complete this form and provide copies of documentation listed below:

1. A **copy** of one of the following -- Dependents must be listed on the form
 - **School Lunch Assistance** -- Letter from the RBUSD with child’s name on it
 - **Section 8 Rent Assistance** -- Documentation from the RB Housing Authority
 - **Current tax return** -- Copy of the first two pages of the 1040 tax form. Qualifying dependents must be listed.
2. A **copy** of proof of residency
 - **Utility bill** --gas or electric (phone bill is NOT acceptable).
 - **Notarized affidavit** --In the absence of a utility bill with a parent/guardian’s name, a notarized affidavit from the person whose name appears on the bill, which states that your family lives him or her, will be accepted.
 - **Lease Agreement** – In the absence of a utility bill, a lease agreement will be accepted if utilities are included in your lease agreement.
3. A **copy** of California driver’s license -- Must display current Redondo Beach address

THE NAME & ADDRESS ON ALL THREE DOCUMENTS MUST MATCH. NO EXCEPTIONS.

I hereby certify that all of the information provided above is true and correct. I understand that false information is grounds for denial or termination of the “Dream Come True” Scholarship.

Signature _____

Date _____

Income Level Guideline 2016	Number in Household	1	2	3	4	5	6	7	8
	Yearly Income		\$48,650	\$55,600	\$62,550	\$69,450	\$75,050	\$80,600	\$86,150

FOR OFFICE USE ONLY

Application Approved: _____ Coordinator Signature _____ Date _____

Application Denied: _____ Coordinator Signature _____ Date _____

Comments: _____