



Scholarship Application: 2020-2021 Season
DUE BY September 14, 2020

Child's Full Name (as registered for school)	School Attending

Household Income Information

List all adults in your household, related or not (such as grandparents, cousins or friends) even if they do not have income. For each adult, list the GROSS monthly income BEFORE DEDUCTIONS from ALL sources of income including all jobs/work, Pension, Retirement, Social Security benefits, SSI/SSP, child support or alimony received, Foster Child income, any Public Assistance/Government Benefits (including AFDC, Food Stamps, CalWORKs, etc.), Military Housing Allowance, and all other monthly income. If you are a single parent, residing at your parent's home, you must include their income on the application.

Adult's Full Names	Gross Monthly Income

List all children in your household, even if they are not attending school

Children's' Full Names	School Attending

If receiving Public Assistance, enter the Case Numbers below:

Public Assistance Type	Case Number



IF THIS FORM IS MISSING A SIGNATURE, IT WILL NOT BE PROCESSED

*I certify that all information on this application is true and that all income is disclosed. I understand that this information is given in connection with consideration of a potential scholarship and that We Run Our Community's Kids (**WeROCK**) may verify the information on this application at any time. These verification efforts may be carried out through program reviews, audits and investigation, and may include contacting employers to determine income, contacting the State's Employment Development Department or local welfare offices to determine the amount of benefits received, and/or requesting and validating written documentation produced by household members to prove the amount of income received. I further understand that deliberate misrepresentation of the information may result in removal of my child/children from the **WeROCK** program and subject me to prosecution under applicable laws.*

X _____ Date: _____

Print Name of household member signing form: _____

Address: _____ City: _____

Zip Code: _____ Home Phone Number: _____

Cell Phone: _____ Work Phone: _____

The adult signing this form also must list the last four digits of his/her Social Security Number or check the "I do not have a Social Security Number" box.

Social Security Number xxx-xx- ____ ____ ____ I do not have a Social Security Number

Privacy Statement:

WeROCK protects the privacy of all information provided by persons requesting Scholarships. All applications and records concerning any individual in connection with a Scholarship request or grant shall be considered confidential and shall not be open to examination or investigation by any persons other than **WeROCK** Officers and Board Members, and for the exclusive purpose of administration of any such Scholarship program.



2020-2021 Season Scholarship Guidelines:

WeROCK is an equal opportunity provider and accepts requests for Scholarships from all male and female Middle and High School students that are able to attend regular practices at one of our training sites, ages 11 through 18, on a non-restrictive basis and without regard to race, creed, sexual orientation, religious belief, physical capacity or nationality. Scholarship funds, if any, are subject to availability and will be awarded to qualified applicants on a first come, first served basis, subject to verification of a household income within the limits listed on the Federal Income Chart shown on the following page. Application for a Scholarship is not a guarantee of award and **WeROCK**, in its sole discretion, may cancel the Scholarship program at any time, without prior notice. We encourage you to investigate and utilize other opportunities for fundraising including the **WeROCK Sponsorship Donation Program**.

**INCOME ELIGIBILITY GUIDELINES
July 1, 2020 - June 30, 2021**

Household Size	Annual Income	Monthly Income	Twice per Week	Every 2 Weeks	Weekly Income
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546
For each additional family member add	\$8,177	\$682	\$341	\$315	\$158

THIS IS NOT A SCHOOL DISTRICT SPONSORED PROGRAM

These materials have not been printed at any School District's expense

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