



City of Escalon
Recreation Department
2060 McHenry Ave.
Escalon, CA 95320

March 11, 2026

Dear scholarship applicant,

Thank you for your interest in our **Youth Recreation Scholarship Program** for the City of Escalon. Scholarships are awarded based on a variety of factors, including number of applicants, program costs and available funding. Please note the following:

Application Information

1. Attached: Application Checklist, Beneficiary Qualification Statement and the program application.
2. The application must be thoroughly completed with required paperwork attached. Failure to do so may postpone or deny your scholarship application.
3. All members of the household must be included on the application.
4. The address of the household applying for the scholarship must be located within the Escalon City limits.
5. The application will request information regarding ethnic background, disabilities, etc per federal government requirements.

Funding Information

1. Scholarships are available for youth ages 16 and under.
2. All City of Escalon youth sports programs are eligible; classes and sports clinics are excluded.
3. Each eligible family may receive a maximum of \$400/fiscal year. The scholarship will pay for 80% with the participant paying for 20% of the activities. All City of Escalon youth sports programs are eligible; classes and sports clinics are excluded. Additional supply or material cost would be covered by the participant
4. Scholarship ends June 30, 2026; when a family has reached the \$400 limit; or when the scholarship fund has been depleted, whichever occurs first.
5. Approval of applications is subject to scholarships being available and will be determined by the Recreation Coordinator or other authorized City personnel.
6. Please deliver completed application and any required documentation to 2060 McHenry Ave., Escalon, CA 953203 or e-mail to recreation@cityofescalon.org. Incomplete applications may be disqualified. Please call (209) 691-7372 for assistance.
7. You will be notified via e-mail or phone within one week upon determination of eligibility.

If you have any questions, please feel free to call (209) 691-7372.

Sincerely,

Recreation Department
City of Escalon



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2060 McHenry Ave.
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Youth Scholarship Application Checklist

- Completed 2025/2026 Youth Scholarship Program Application (All Pages)
- Completed Beneficiary Qualification Statement
- Proof of address. *One of the following:*
 - PG&E bill
 - Utility bill
 - Telephone bill
- Proof of income (for all members of household as applicable). *One of the following:*
 - 2 months of paycheck stubs (paycheck, government assistance, disability, workers compensation, social security, ect.)
 - Copy of previous year's 1040 Tax Forms
 - Proof of participation in free or reduced lunch program (If applicable)
- Registered recreation account via City of Escalon Recreation [website](#)
- *Supplemental forms (*provided as needed by the Recreation department after initial completed application and documents have been received and reviewed*)



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BENEFICIARY QUALIFICATION STATEMENT

This form has the purpose of providing information needed to qualify the use of Federal Community Development Block Grant (CDBG) funds for providing public services. This statement must be completed and signed by the person (or legal guardian of the person) requesting to receive benefits.

Please answer each of the following questions.

1. How many persons are in your household? _____

This question helps you to determine the size of your household. For this question a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or boarders cannot be included as household members.

2. In the blank provided, write the number of persons in your household from Question #1 and your combined gross annual income:

_____ \$ _____
Number of Persons Combined gross annual income

This question asks if you are from a very low- and low-income household. For this question a list of the 2025 LOW-INCOME categories are presented below. Please add up the combined gross annual income of all persons in your household from all sources of income.*

Example: There are four (4) persons in your household. The combined gross annual income of all persons in your household is \$45,000. According to the income categories below, the combined gross annual income amount for the number of persons in your household cannot exceed \$77,100 (LOW-INCOME).

Number of Persons in Household	1	2	3	4	5	6	7	8
Low Income	\$58,600	\$67,000	\$75,350	\$83,700	\$90,400	\$97,100,300	\$103,800	\$110,500

*Taken from San Joaquin Housing Authority Income Limits updated April 23, 2025

3. Do you identify yourself as:

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native and White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Black or African American and White |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> American Indian or Alaska Native and Black or African American |

4. Do you consider yourself to be Hispanic? (If Yes, Check Hispanic in Question 3) ___ Yes ___ No

5. Please state, **yes** or **no**, if you are a female Head of Household? _____

6. Please describe the condition that would qualify you as being considered in one of the following categories: very low- and low-income household, abused child, battered spouse, elderly person, homeless person, disabled person, illiterate person, or migrant farm worker.

CLIENT ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Signature: _____ Date: _____



City of Escalon Recreation Division

2060 McHenry Ave., Escalon, CA 95320
Phone (209)691-7372 Fax (209)691-7409

2025-2026 Youth Scholarship Program Application

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Phone: Home _____ Cell _____

Are you currently employed? _____ Yes _____ No

Employer: _____ Phone: _____

How many persons in your household? _____ Combined gross annual income: _____

Names of all persons living at your address:

Child's Name	Date of Birth

Adult's Name	Date of Birth

Penalty for False or Fraudulent Statement

U.S. Code, Title 18, Section 1001, provides that a fine of up to \$10,000.00 or imprisonment for a period not to exceed five (5) years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious or fraudulent statements, knowing to be false.



FOR OFFICE USE ONLY

Date Received: _____ Scholarship Amount \$ 400/family _____

Approved: _____ Denied: _____ By: _____ Date: _____

