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P.O. box 106
 57121 Sunnyslope Dr.
 Yucca Valley, Ca. 92284-0106

Guidelines and Application for Scholarship of Water Pool Classes

Scholarship eligibility is based on income and household size. Total current household income = Total income of all persons living in your house, condo, apartment or mobile home. Total household income is all taxable and non-taxable revenues from all household members from whatever sources derived, including but not limited to: wages, salaries, interest, dividends, spousal and child support payments; public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment, and all employment-related non-cash income.

You may apply for one free water pool class per week if you are at or below the Poverty limits listed for the number of household members. A Scholarship allows you to attend one(1) class per week free and pay for one (1) class. However special circumstances regarding requests for more classes will be considered by the Board.

The following figures are the 2016 Human Health Services (HHS) poverty guidelines which were published in the [Federal Register](#) January 29, 2016. (The poverty guide for the following year will be updated after the guidelines are published.)

2013 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

| Persons in family/household | Monthly Poverty guideline |
|-----------------------------|---------------------------|
| 1 | \$981 |
| 2 | \$1328 |
| 3 | \$1674 |
| 4 | \$2021 |
| 5 | \$2368 |
| 6 | \$2714 |
| 7 | \$3061 |
| 8 | \$3408 |

For families/households with more than 8 persons, add \$338 for each additional person. [Application on reverse side.](#)



Please print

LAST NAME: _____ FIRST NAME _____

ADDRESS: _____

TELEPHONE NUMBER: _____

Total monthly income from all household members (including yourself) \$ _____

Total number of household members: _____

Day and time of class you wish to attend on scholarship: _____

**Note: If you are currently receiving Supplemental Security Income (SSI) you are pre-qualified
Please provide a current SSI eligibility letter.**

By signing below I state under penalty of perjury that the information I have provided in this application is true and correct and I agree to provide proof of income (past or current) if asked, for the period of scholarship I have received or am applying for. I agree to inform Center for Healthy Generations immediately if I no longer qualify for a scholarship. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount I received. I also understand that Center for Healthy Generations may discontinue the Scholarship program at any time.

Signature: _____ Date: _____