



Albany Police League Youth Scholarship

With the goal of providing quality, fun, and safe programming for youth, APAL is funding scholarships to help low-income families defray the cost of recreational classes.

APAL Scholarship is offered to Albany residents. Scholarship availability dependent on funding which is made possible by APAL. Children are eligible for one scholarship per season(Fall, Winter/Spring and Summer).

Income eligibility limits are based on the United States Department of Housing and Urban Development (HUD) Fiscal Year 2023 Low Income Limits for Alameda County. Attesting to information below is required to apply.

Household Size	1	2	3	4	5	6	7	8
Maximum Annual Income	\$78,550	\$89,750	\$100,950	\$112,150	\$121,150	\$130,100	\$139,100	\$148,050

Based on the Department of Housing and Urban Development (HUD) Fiscal Year 2023 Low Income Limits.

Name of Applicant's Guardian: _____

Address: _____

City: _____

Zip: _____

Phone: _____

Email: _____

Name of Participant: _____

Address: _____

City: _____

Zip: _____

Phone: _____

Email: _____

Name of Participant: _____

Address: _____

City: _____

Zip: _____

Phone: _____

Email: _____

(OVER)

Residency and Income Information:

Do you or any members of your immediate family reside within the City of Albany?: YES NO
(Please Circle One)

Household Size: _____ What is the annual gross income for your family? _____

This includes income from all sources, not just employment. Please use the annual gross income information listed in your most recently filed tax return if possible.

The City of Albany defines “family” to include one or more persons related by blood, marriage, or adoption, who are living in a single residential unit and maintaining a common household. Family shall also mean all unrelated persons who live together in a single residential unit and maintain a common household.

Authorization

- I have approved the submission of this application.
- All the information provided in this application is true to the best of my knowledge and can be documented if required.
- I understand that the City of Albany reserves the right to exercise its sole discretion in determining subsidy eligibility and award amounts.
- I acknowledge that the City may report the amount of grant money I receive if it is required by law. **UNDER NO CIRCUMSTANCES WILL ANY FINANCIAL OR OTHER CONFIDENTIAL INFORMATION PROVIDED HEREIN BE DISSEMINATED PUBLICLY.**

Guardian’s Signature

Date