

North Coast Dance (NCD) offers selected scholarships providing a 50-100% reduction in class fees.

Scholarship Eligibility

In order to be eligible for a 50% (or more) reduction scholarship, you must provide NCD with current proof that you are receiving one of the following items.

- 1) Current proof of receiving Food Stamps
- 2) Current proof of receiving AFCD (Aid to Families with Dependent Children).
- 3) Current proof of receiving FDPIR (Food Distribution Program on Indian Reservations).
- 4) Current proof of receiving SSI (Social Security Income).
- 5) Current proof of receiving Medi-Cal.
- 6) Current proof that your household meets the Income Eligibility Guidelines (see attached sheet).

Funding Sources For Scholarships

The NCD Scholarship Program would not be possible without the generous support of several individuals and organizations, including the NCD Members, Humboldt Sponsors, the Humboldt Area Foundation, and the NCD Board of Directors.

Without these funds, NCD would not be able to provide this service to eligible dancers.

NCD commends these individuals and organizations for their dedication to enriching the lives of our local dancers.

2016 Income Guidelines

WIC Appendix 980-1060

185% Federal Poverty Level The following table is effective April 1, 2015 through June 30, 2016.

Gross Income

Number of Annual Income Monthly Income Twice Monthly Biweekly Income Weekly Income Persons in Income

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Family Unit **					
1	\$21,775	\$1,815	\$908	\$838	\$419
2	\$29,471	\$2,456	\$1,228	\$1,134	\$567
3	\$37,167	\$3,098	\$1,549	\$1,430	\$715
4	\$44,863	\$3,739	\$1,870	\$1,726	\$863
5	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011
6	\$60,255	\$5,022	\$2,511	\$2,318	\$1,159
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
Each Additional	\$7,696	\$642	\$321	\$296	\$148

Family Member

**Unborn children should be counted in family total. For example, a pregnant woman with a single unborn child should be counted as 2 in the family unit. Pregnant woman with 2 unborn children (twins) should be counted as 3.

http://humboldtgov.org/660/Income-Guidelines

Definition Of Income

Income for Scholarship purposes means income before deduction for income taxes, employee's social security taxes, insurance premiums, bonds, etc. It includes the following:

- 1) Monetary compensation for services including wages, salary, commissions or fees.
- 2) Net income from non-farm self-employment.
- 3) Net income from farm self-employment.
- 4) Social Security.
- 5) Dividends or interest on saving bonds, income from estates or trusts, or net rental income.
- 6) Public assistance or welfare payments.
- 7) Unemployment compensation.
- 8) Government civilian employee, or military retirement, or pensions or veteran's payment.
- 9) Private pensions or annuities.

- 10) Alimony or child support payments.
- 11) Regular contributions from persons not living in the household.
- 12) Net royalties
- 13) Other cash income. Other cash income would include cash amounts received or withdrawn from any sources including savings, investment, trust accounts and other resources, which would be available to pay the price of registration.

Scholarship Application Procedure

- All applicants must provide proof of stated public assistance or provide current pay stubs/tax returns, etc. for all working household members plus complete the Income Statement (attached).
- All registration for scholarships takes place at the NCD Studio during regular business hours when the administrative staff is in the studio.
- All scholarships are on a first-come, first-serve basis. Parents can sign-up more than one child per family.
- Parents must pay the remaining percents of the fees at the time of the class or the beginning of the session.
- All applicable waivers, forms, etc. must be completed by parents or adult applicants.
- All rules apply to scholarship students. Staff reserves the right to remove any child who does not comply with staff directives and/or site rules.
- No refunds or pro-rates for missed classes.

Income Eligibility

ONLY COMPLETE THIS PART AND SIGN THE STATEMENT BELOW IF YOU DO NOT RECEIVE FOOD STAMPS, AFCD, SSI, MEDI-CAL OR FDPIR BENEFITS.

Please supply current pay stubs and/or tax returns when turning in this application.

NAME		CUR	RENT	INCOM	AE/FR	EQUEN	CY		
Name of all household members (participating child, parents, sibling, and any other persons living in household)	Check for each participating student	Earnings from we		Welfare Support Alimony	, ,	Payments Pension, Retirement Social Se	nt,	Earnings 2 nd job c other inc	or any
		amount	how often	amount	how often	amount	how often	amount	how often
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									

I certify that all of the above information is true and correct and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature	Printed Name		Social Security Number Work Telephone		
Date	Home Telepho	ne			
Home Address					
Household Size To	otal Monthly Income		Not Eligible Income		
NCD Representative		Date			