



SMCRA FY 2016-2017 Summer Youth Scholarship Program

The South Miami Community Redevelopment Agency redevelopment plan encourages scholarship programs designed to encourage aspiring academic oriented youth. The South Miami Summer Program is designed to provide an appropriate blend of educational coursework and recreational activity. The cost per child is \$30 per week for a total of ten (10) weeks. Based on current funding availability, partial scholarships may be provided in the amount of \$15 per week per participant. This year's scholarship awards will be announced on Monday June 12, 2017. Scholarship funding based on 2016-2017 Fiscal Year funding availability.

- SOUTH MIAMI SUMMER PROGRAM LOCATION:** Gibson-Bethel Community Center, Murray Park
- SOUTH MIAMI SUMMER PROGRAM DATES:** Monday, June 12th - August 18th (8:00 am to 6:00 pm)
- SOUTH MIAMI SUMMER PROGRAM AGES:** Age Group: Kindergarten to Eighth Grade
- APPLICATIONS AVAILABLE ON:** **Monday, May 1, 2017** both online at www.southmiamifl.gov and at the South Miami Community Redevelopment Agency Offices at 5825 SW 68th Street, Suite 400, South Miami, Florida
- COMPLETED APPLICATIONS ACCEPTED ON:** **Monday, May 15, 2016 at 8:30 a.m.** at South Miami Community Redevelopment Agency Offices, 5825 SW 68th Street, Suite 400, South Miami, FL
- COMPLETED APPLICATION DEADLINE:** **Monday, May 22, 2016 at 4:00 p.m.** at South Miami Community Redevelopment Agency Offices, 5825 SW 68th Street, Suite 400, South Miami, FL
- IMPORTANT APPLICATION INFORMATION-** *The following information must be submitted by all Applicant to be considered for South Miami Community Redevelopment Agency scholarship assistance:*
- VERIFICATION OF LOW INCOME STATUS:** Proof of Income including the last 3 pay stubs or copy of social security or disability income letter on government letterhead, or copy of AFDC/food stamp benefit letter (*A notarized affidavit attesting to the total number of persons residing in applicant's household must be submitted by all applicants.*)
- PROOF OF FLORIDA IDENTIFICATION:** State of Florida Driver License or State of Florida I.D.
- PROOF OF SMCRA AREA RESIDENCY:** Proof of SMCRA Area residence may include: Legal Property Deed indicating Homeownership; or IRS Tax Return with Address, FPL or Water & Sewer Invoice. (A notarized affidavit attesting to applicant residency must also be submitted by each applicant).
- COMPLETED SCHOLARSHIP APPLICATIONS:** Must Submit Completed Application! Maximum 3 youth per family. First Come- First Serve Application Acceptance on May 15, 2017 at 8:30 a.m.

For more information, please contact the SMCRA Offices at (305) 668-7236



SUMMER PROGRAM SCHOLARSHIP APPLICATION FORM

Applicant Name: _____

Address: _____

Telephone: _____ **Email:** _____

City/State/Zip: _____

Date of Birth: _____ **Social Security Number:** ____ - ____ - _____

Based on the Attached Area Map, Do you live within the SMCRA boundaries? _____

(Proof of Residency in the SMCRA area must also be provided in the form of an electric bill or other valid form of residency verification. Applicants must also complete the attached residency affidavit.)

Total Amount Requested (Please list total cost of the After School Program): _____

Requesting Funding for How Many Children: _____ (Maximum of three per household)

Total Family Size: _____

To be eligible for funding consideration, applicants must provide income verification in the form of three pay stubs or other valid forms of income verification. Eligible applicants can also not be earning more than the following amounts which are based on the low 80% of median income for median income for Miami-Dade County of \$49,900:

- \$37,950 Annually for a Family Size of One
- \$43,350 Annually for a Family Size of Two
- \$48,750 Annually for a Family Size of Three
- \$54,150 Annually for a Family Size of Four
- \$58,500 Annually for a Family Size of Five
- \$62,850 Annually for a Family Size of Six

Do You Meet The Above Income Requirements? _____

(Income Verification Must Also Be Provided-See Attached Notice)

Applicant's Signature _____ **Date** _____

(Your Signature here acknowledges all the information provided to be true and correct to the best of your knowledge)

Subscribed and Sworn To Before Me this ____ day of _____ 2017
by _____ . He/She is personally known to me or has

Presented _____ as identification.

Signature of Notary _____ Serial Number _____

Expiration _____



Child (1): _____

Grade: _____ D.O.B. _____

Child (2): _____

Grade: _____ D.O.B. _____

Child (3): _____

Grade: _____ D.O.B. _____

VERIFIED AFFIDAVIT OF RESIDENCY

STATE OF FLORIDA)
) SS

COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, personally appeared _____, who being duly sworn under oath deposes and states:

1. I am over the age of 18.
2. I am a resident of South Miami, Florida. I have been a resident of South Miami for the past ____ years.
3. I reside at _____, South Miami, Florida.
4. The FPL billing statement accompanying this affidavit as Exhibit 1 reflects my residence at this location.
5. I am an applicant for the 2017 Summer Camp Scholarship Program.

FURTHER THE AFFIANT SAYETH NAUGHT.

Applicant
Name: _____

Date: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 2017, by _____, affiant, who is either personally known to me or who presented to me the identification shown below.

Notary Public, State of Florida

Name: _____

Personally known ____ or produced Identification ____

Identification produced: _____

My Commission Expires: _____

VERIFIED AFFIDAVIT OF INCOME

STATE OF FLORIDA)
) SS

COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, personally appeared _____, who being duly sworn under oath deposes and states:

I, _____ hereby swear or affirm that the income information provided is true, complete, and accurate. I understand that falsification of this document may disqualify me from the participation in the SMCRA Summer Camp Program.

FURTHER THE AFFIANT SAYETH NAUGHT.

Applicant
Name: _____

Date: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 2017, by _____, affiant, who is either personally known to me or who presented to me the identification shown below.

Notary Public, State of Florida

Name: _____

Personally known ____ or produced Identification ____

Identification produced: _____

My Commission Expires: _____



Letter of Acknowledgement

As a SMCRA Summer Program Scholarship recipient I, _____ understand the importance of maintaining excellent attendance in the City of South Miami Summer Camp Program and will therefore ensure excellent attendance of my child/children throughout the duration of the 2017 Summer Program.

I also agree to inform the SMCRA immediately if my child is no longer able to attend the 2017 Summer Program so that another area resident may be able to take advantage of the 2017 Summer Scholarship.

I further understand that failure to comply with the above requirements will jeopardize my ability to obtain scholarship funding for the summer program and any future scholarships funding offered through the South Miami Community Redevelopment Agency (SMCRA).

Awardee Signature

South Miami Community Redevelopment Agency Boundary

