



SOUTH MIAMI COMMUNITY REDEVELOPMENT AGENCY
5825 SW 68TH ST., SUITE 4, SOUTH MIAMI, FLORIDA 33143 PHONE: 305-668-7239 FAX: 305-284-0912
WWW.SOUTHMIAMIFL.GOV

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)

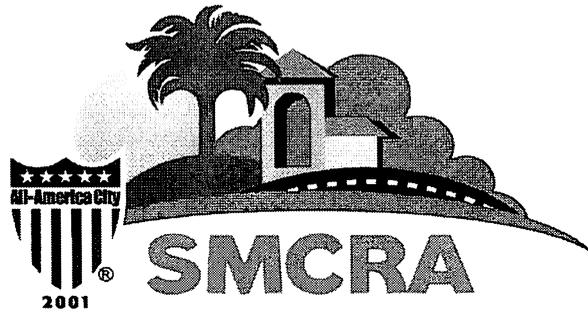
Subscribed and Sworn To Before Me this ____ day of

____ 20 ____ by _____ He/She is personally known to me or has

Presented _____ as identification.

Signature of Notary _____ Serial Number _____

Expiration _____

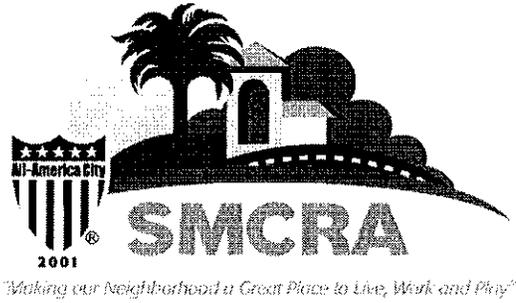


"Making our Neighborhood a Great Place to Live, Work and Play"

South Miami Community Redevelopment Agency

2015 Summer Camp Scholarship Notice

- Maximum of three children per household
- State of Florida Identification
- Completed Scholarship Application;
- Proof of Residency in the South Miami Community Redevelopment Area (Deed, Lease Agreement, Tax Return, Utility Bill, Etc.)
- Please see Map References
- An affidavit must be submitted to verify proof of residency of the applicant
- Proof of Income (3 Paystubs, AFDC/Food Stamp Printout, Social Security Printout, Etc.)
- **Application deadline is Thursday May 21th by 4:00pm. First come, first serve basis, a completed scholarship application is a must!**



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 2015 Summer Camp Scholarship Program.

FURTHER THE AFFIANT SAYETH NAUGHT.

Applicant
Name: _____

Date: _____

The foregoing instrument was acknowledged before me this ___ day of _____, 2015, 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: _____

Income Limits

Income Limits effective 03/06/2015			
Family Size	Extremely Low (30% of Median)	Very Low (50% of Median)	Low (80% of Median)
1	\$14,250	\$23,700	\$37,950
2	\$16,250	\$27,100	\$43,350
3	\$20,090	\$30,500	\$48,750
4	\$24,250	\$33,850	\$54,150
5	\$28,410	\$36,600	\$58,500
6	\$32,570	\$39,300	\$62,850
7	\$36,730	\$42,000	\$67,150
8	\$40,890	\$44,700	\$71,500

The area median income for Miami-Dade County is: **\$49,900**.

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 _____, 2015, 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 2015 Summer Program.

I also agree to inform the SMCRA immediately if my child is no longer able to attend the 2015 Summer Program so that another area resident may be able to take advantage of the 2015 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