City of Malibu

Community Services Department

Scholarship Assistance Program

2026 Program Guidelines and Confidential Application

The City of Malibu recognizes the value of participation in recreational programs for youths, teens, adults, and seniors. The Scholarship Assistance Program provides recreational opportunities for those who may not otherwise be able to participate in Community Services Department programs and activities. Scholarship Assistance Program applicants are asked to carefully read the established guidelines below before applying.

Eligibility:

- Applicant's (parent/guardian) primary residence must be within City of Malibu limits
- Applicants must complete a City Program Registration Form
- Applicants must complete a Scholarship Assistance Program Application and provide income verification. Verification must include one of the following documents:
    - Applicant's (parent/guardian) Federal Income Tax Return for the most recent tax year
    - An award letter from Los Angeles County Social Services for SNAP or TANF
    - A SSI award letter from Social Security Administration
    - Approved enrollment documentation in the Southern California Edison Care program
    - A Santa Monica-Malibu Unified School District free/reduced lunch program award letter
- The application must be received at least two weeks before the start of the program
- All program applications and verification documents are kept confidential.

Scholarship Assistance Program eligibility is determined by household size and annual income in accordance with the United States Department of Housing and Urban Development Low Income Limits (80% of Median) for Los Angeles County each year. If the household income is the same or less than the amounts shown, the applicant may be eligible to receive financial assistance.

Household Size	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Annual Income	$93,300	$106,600	$119,950	$133,250	$143,900	$154,600	$165,250	$175,900

**Household Size is defined as a group of related or non-related individuals living as one economic unit*

Application and Verification:

- Scholarship assistance will be approved and provided on the basis of financial need
- Incomplete applications will not be processed
- Verification of statements made as part of the application may be required
- Failure to meet any agreement made as part of the scholarship assistance program may result in the participant being removed from a program
- Applicants who do not meet the Los Angeles County Housing and Urban Development income limits, but who need temporary financial assistance may submit an application detailing the participant's circumstances. Based on the findings, the participant may be eligible to receive a partial scholarship

Award:

- Scholarships will not exceed 50% of the total program fee
- Scholarships will not exceed a maximum amount of $500 per calendar year, per participant
- Scholarships awarded to a family with multiple participants may only apply for up to four family members per household
- Scholarships will be valid for one calendar year from the date of award
- Applicants will be notified of the status of their application within five (5) business days. If approved, any amount due must be paid in full to the City of Malibu before the first day of the program

For questions regarding the City of Malibu's Scholarship Assistance Program, or to submit an application via e-mail, please contact:

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Management Analyst
310.456.2489 x349
bsaleaumua@malibucity.org

Kate Manisco
Community Services Deputy Director
310.456.2489 x363
kmanisco@malibucity.org

Applications may also be submitted by mail or in person to the City of Malibu Community Services Department at:

City of Malibu Community Services Department
Attn: Scholarship Program
23285 Stuart Ranch Road
Malibu, CA 90265

City of Malibu Community Services Department

Confidential Application for Scholarship Assistance

This form must be accompanied by a completed Program Registration Form and financial verification documents.

Participant's Name		Parent/Guardian's Name (if applicable)	
Address		City	Zip Code
Home Phone	Cell Phone		# of People in Household
Participant's Birthdate	Gender	School (if applicable)	Grade (if applicable)
Participant/Parent/Guardian Employer		Annual Income	
Participant/Parent/Guardian Employer		Annual Income	
Other Income (specify)			
Are you currently receiving any of the following? ☐ SNAP ☐ TANF ☐ SSI ☐ Edison CARE ☐ School Lunch Program			
Can you afford to pay 50% of the program registration fee at one time? ☐ Yes ☐ No			

The information I have provided on this form is true and accurate, and I agree to provide the required documentation to verify financial need before financial assistance is approved.

Signature	Date

Administrative Use Only			
Scholarship Period/Dates:	Verified By:	Payment Plan: Yes No	Notification Date:
Notes:			
Agreements:			
Accepted/Declined Reason:	Program Coordinator	Recreation Supervisor	Deputy Director/Director