



Gerald M. Fitzgerald Camellia Trust Fund Application

Applicants **MUST** reside within the City Limits of TEMPLE CITY. School district boundaries are not a determination of eligibility. The following documents must be submitted with completed application:

- Copy of driver’s license or California ID and utility bill or bank statement for each adult.
- Copy of three current paystubs and 2015 Income Tax Return for each adult.
- Flyer or information sheet supporting funds requested.

I have received funds from the Camellia Trust Fund ___ Yes ___ No _____Year

Child’s First and Last Name	Birth Date Age Sex
Address	Phone # (include area code)
City, Zip Code	
OFFICE USE ONLY: ADDRESS VERIFIED WITHIN CITY LIMITS OF TEMPLE CITY (YES) (NO)	

Name of adult completing this application *(Please print)*

Name _____ Relationship to Applicant _____

Address _____ Apartment # _____

City _____ Zip Code _____ Email _____

Home Phone _____ Work Phone _____ Marital Status _____

FUND REQUEST INFORMATION

Amount requested and how funds will be use: \$ _____

Mother/Guardian Employed: Not Employed ___ Part-time ___ Full-time ___

Father/Guardian Employed: Not Employed ___ Part-time ___ Full-time ___

Please explain in detail, how the request for funds meets an **immediate need** for your child/children.

HOUSEHOLD RESIDENTS (*list names of all children and adults living at residence*)

Child Name	Child Age	Adult Name	(Parent, Relative)

EMPLOYMENT/INCOME

List current **gross income** (*amount before deductions*) **TOTAL GROSS MONTHLY INCOME** \$ _____

Name of adults in household (Parent, Grandparent, Aunt/Uncle etc.)	TOTAL Gross Earnings for ALL jobs & tips	Social Security/ Pension/Retirement Benefits	Unemployment/ Workers Comp Alimony	CASH AID/CAL FRESH	All other monthly income
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

OFFICE USE ONLY

INCOME MEETS GUIDELINES (YES)

INCOME EXCEEDS GUIDELINES (YES)

Complete if applicable:

If any member in the household receives CAL FRESH or CASH AID please list name and phone number of Case Worker on line below:

List any financial assistance received from a community organization, sport organization or church within the past six months

AGENCY _____ AMOUNT RECEIVED _____

PARENT/GUARDIAN REQUIRED

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of funds from the Gerald M. Fitzgerald Estate; that City officials may verify the information on the application; and that deliberate misrepresentation of the information may disqualify my request.

Signature of parent or adult household member

Date

PLEASE MAIL OR RETURN IN PERSON TO THE PARKS & RECREATION DEPT. 10144 Bogue Street, Temple City CA 91780. PLEASE CALL (626) 285-2171 EXT. 4515 IF YOU REQUIRE FURTHER INFORMATION.