

Bright Futures Scholars Information Sheet 2023-2024

Please make your writing very clear and legible!

Full Name: _____ Gender: M / F (circle)

Home Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (____) _____ Best time to call: [] 7-11 am [] 12-5 pm [] 6-9 pm

Scholar's Cell: (____) _____ Scholar's E-mail: _____

Date of Birth: _____ Age: _____ Grade in the Fall: _____

School: _____ Student ID# _____

Mother's Full Name: _____ E-mail: _____

Mother's Cell: (____) _____ Mother's Work: (____) _____

Father's Full Name: _____ E-mail: _____

Father's Cell: (____) _____ Father's Work: (____) _____

Guardian: _____

Work (____) _____ Home (____) _____

Cell (____) _____ E-mail _____

1. Scholar, what University do you plan to attend after graduating from High School?

2. What will you major in? _____

PLEASE NOTIFY US AS SOON AS ANY OF THE INFORMATION PROVIDED HAS CHANGED

Please Return Form By Email to :

brightfuturescholars@gmail.com



Quality of Life Center, Inc.

PHOTOGRAPHY CONSENT AGREEMENT AND RELEASE OF LIABILITY

(Minor Volunteer Form)

In consideration of the taking and use of the photograph, portrait, likeness of the minor named below ("Minor"), for good and valuable consideration herein acknowledged as received, I hereby grant to _____ (Photographer), Quality of Life Center, Inc., including the Community Development Commission of the County of Los Angeles, and their officers, employees, and agents (collectively the "County"), their officials, employees, volunteers, heirs, legal representatives, and assigns, those of whom Photographer is acting, and those acting with their authority and permission, the irrevocable and unrestricted right and permission to take, use, re-use, publish, and republish photographic portraits or pictures of the Minor or in which the Minor may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, in the conjunction with the Minor's or a fictitious name, or reproductions thereof in color or otherwise made through any medium and in any and all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever. I also consent to the use of any published matter in conjunction therewith.

I hereby waive any right that I or the Minor may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

In exchange for the benefits derived by my participation and the Minor's participation in this project, I hereby agree that I, my heirs, distributees, guardians, legal representatives, and assigns do release and will indemnify, hold harmless and do not sue the photographer, Quality of Life Center, Inc., County, their respective officials, employees, representatives, agents, servants, or volunteers for any liability, claims, or action for injury, death, or damage to personal property, claims for libel or violation of any right of publicity or privacy arising out of or in connection with my participation or the Minor's participation in the photography project, from whatever cause, including the active or passive negligence of the photographer, Quality of Life Center, Inc., County, or their respective officials, employees, agents, representatives, volunteers, or project participants.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Minor's Name _____

Signature of Parent/Guardian Print Name

Date

Accepted by:

Quality of Life Center, Inc.

PUBLIC SERVICE INCOME SELF-CERTIFICATION FORM

Name _____

Address _____

Census Tract: _____

Contract Period: July 1, 2023 - June 30, 2024 Project Name: Bright Futures Scholars: Quality of Life Center, Inc.

1. Number of People in Household: _____

2. Please check your household size and annual income level (from all sources):

House- Hold Size	<i>Extremely Low-Income*</i>	<i>Low-Income*</i>	<i>Moderate-Income*</i>	<i>Above Moderate- Income*</i>
1 _____	\$23,700 or less	_____ \$23,701 to \$39,450	_____ \$39,451 to \$63,100	_____ above \$63,101
2 _____	\$27,050 or less	_____ \$27,051 to \$45,050	_____ \$45,051 to \$72,100	_____ above \$72,101
3 _____	\$30,450 or less	_____ \$30,451 to \$50,700	_____ \$50,701 to \$81,100	_____ above \$81,101
4 _____	\$33,800 or less	_____ \$33,801 to \$56,300	_____ \$56,301 to \$90,100	_____ above \$90,101
5 _____	\$36,550 or less	_____ \$36,551 to \$60,850	_____ \$60,851 to \$97,350	_____ above \$97,351
6 _____	\$39,250 or less	_____ \$39,251 to \$65,350	_____ \$65,351 to \$104,550	_____ above \$104,551
7 _____	\$41,950 or less	_____ \$41,951 to \$69,850	_____ \$69,851 to \$111,750	_____ above \$111,751
8 _____	\$44,650 or less	_____ \$44,651 to \$74,350	_____ \$74,351 to \$118,950	_____ above \$118,951

**Please see Bulletin No. 20-0008 for comparison of CDBG and HUD terms.*

3. Ethnic Background:

Racial Background
Mark X next to the category that best describes your origin.

Single Categories

American Indian/Alaska Native

Asian

Black/African American

Native Hawaiian/Other Pacific Islander

White

Double Categories

American Indian or Alaska Native AND White

Asian AND White

Black or African American AND White

American Indian or Alaskan Native AND Black or African American

Other – for individuals not identified above

Ethnic Background
Mark X next to the category that best describes your ethnicity.

Yes, Hispanic/Latino

No, not Hispanic/Latino

Household Information – Check one

A female heads the household where this client resides.

A male heads the household where this client resides.

I certify that the above information is true and accurate and that supporting documentation can be provided upon request.

Applicant's Signature

Date

D^r. Sandra E. Thomas 1 July 2023

Agency's Approval

Date