



**DIAL-A-RIDE  
Frederick Medina Memorial  
Scholarship Fare Fund**

**INSTRUCTIONS FOR SUBMITTING A  
DIAL-A-RIDE SCHOLARSHIP APPLICATION**

Current Wheels Dial–A–Ride users, who meet the qualification requirements of the program may be granted a scholarship of twenty (20) Dial–A–Ride tickets each fiscal year (July 1 – June 30).

The requirements are as follows:

1. Submit an application for the scholarship no later than the last day of the fiscal year for which the application is made.
2. Provide proof of income within the following family income limit:

<b>Family Income Limit</b>	
<b>Household Size</b>	<b>Income Limit</b>
1	\$25,050
2	\$28,650
3	\$32,200

3. Purchase twenty (20) Dial–A–Ride tickets during the fiscal year for which the application is made, and prior to award of scholarship.

Granting of scholarships is dependent on available funds and not guaranteed even if the applicant meets all of the qualification requirements.

**Submitting the Application:**

Mail application to:

**Wheels Dial-A-Ride Scholarship Fund  
C/O Livermore Amador Valley Transit Authority  
1362 Rutan Drive, Suite 100  
Livermore, CA 94551**

Qualified applicants will be considered without regard to race, color, ancestry, religion, national origin, sex age, disability, medical condition or marital status. In accordance with the Americans with Disabilities Act (ADA), if special accommodations are necessary at any stage of the application process, please provide the Livermore Amador Valley Transit Authority with advance notice and every attempt will be made to accommodate the request.



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Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

**EMPLOYER INFORMATION (IF APPLICABLE)**

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employers Phone \_\_\_\_\_

**Proof of Income**

1. Attach previous year's tax return and current pay stub, and
2. If you receive assistance, provide current documentation of assistance and verification of your annual family income (*This information must be verified quarterly*).

**Refer to Family Income Limit table on page 1**

Number of adults in household: \_\_\_\_\_

Number of children in household: \_\_\_\_\_

Annual family income: \$ \_\_\_\_\_

**Funding Limit**

\$70.00 per year in matching funds per eligible individual, depending upon available resources.

**For use by LAVTA only**

Verified by: \_\_\_\_\_  Tax Return  Employer Verification  
 Other

*I hereby certify the annual family income indicated above represents all means of support from employment income and government assistance.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date