Youth Scholarship Application

Carmichael
Recreation and Park District
Foundation

Parent/Guardian Name: _____
Please Print Clearly
Address: _____
| Street | City | State | Zip |

Primary Phone: _____ Secondary Phone: _____

Child's Name: _____   Circle One: Male or Female

Date of Birth: _____   Grade: _____   School: _____

FORMS NEEDED:
1. Completed Youth Scholarship Application Form
2. Completed Recreation Activities Registration Form
3. Provide letter from School District showing qualification for Free & Reduced Lunch Program. Children must be school-age (K – 12th grade) OR Proof of income in the form of previous year income tax return for each. The only exceptions are Welfare, Social Security, Disability, Food Stamps and Unemployment recipients. These individuals can provide a copy of the earning checks as a proof of income.

Income Eligibility Guidelines

Household Size	Annual
1	Below $42,650
2	Below $48,750
3	Below $54,850
4	Below $60,900
5	Below $65,800
6	Below $70,650
7	Below $75,550
8	Below $80,400

*Sacramento County Low Income Status for 2015

4. Provide payment for percentage of program fee based on residency
   Resident – Customer pays 50%   Non-Resident – Customer pays 70%

Each child has accumulative maximum of $225 per fiscal year.

I declare that the information contained in this form is correct and complete. I will be responsible for payment of the adjusted fee. I understand that any scholarship awarded will be revoked in the event of misrepresentation, or by failing to follow all the terms as agreed to. I further understand that if the scholarship is revoked and services have been rendered, the full amount of fees will be my sole responsibility.

Signature: _____   Date: _____

FOR OFFICE USE ONLY

PROGRAM NAME: _____   Circle: RESIDENT OR NON-RESIDENT

TOTAL PROGRAM FEE: $_____   SCHOLARSHIP AMOUNT APPROVED: $_____

DATE: _____   FEES PAID: $_____   RECEIPT #: _____   STAFF INITIAL: _____