



# Youth Scholarship Program

### Youth Scholarship Qualification Requirements:

1. Child must be 0 – 17 years old
2. Child is currently enrolled in Medicaid, WIC, or SNAP (CalFresh) – Qualifying Self-Certification

### Forms needed and turned into Carmichael Recreation & Park District:

1. Completed **Youth Scholarship Application** including the qualifying certification. Applications can be submitted online at [www.carmichaelpark.com](http://www.carmichaelpark.com) or by email at [info@carmichaelpark.com](mailto:info@carmichaelpark.com).
2. Completed **Recreation Activities Registration Form**
3. **Provide payment** for percentage of program fee based on Park District residency (determined by home address). District Resident – Customer pays 50%      District Non-Resident – Customer pays 70%

## Youth Scholarship Application

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Program Name** – Which program would like to receive a partial scholarship: \_\_\_\_\_

**Qualifying Self-Certification** – Is your child currently enrolled in Medicaid, WIC, or SNAP (CalFresh)?  Yes  No

**Partial Payment** - Upon application approval, you will be required to register your child and provide a partial payment. The partial payment is based on Park District residency (determined by home address). District Residents - Customer pays 50% of the registration fee. District Non-Resident - Customer pays 70% of the registration fee. Do you understand and agree to these terms? (required)

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: \_\_\_\_\_