Youth Scholarship Application

Applications can be processed by email, fax, or in person.
Carmichael Recreation and Park District Office – 5750 Grant Avenue, Carmichael CA 95608
Phone: (916) 485-5322 ext. 29 Email: sharon@carmichaelpark.com Fax: (916) 458-0805

Parent/Guardian Name: _____

Address: _____
Street City State Zip

Primary Phone: _____ Secondary Phone: _____

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

Date of Birth: _____ Grade: _____ School: _____

Forms needed and turned into Carmichael Recreation & Park District:

1. Completed **Youth Scholarship Application Form**
2. Completed **Recreation Activities Registration Form**
3. **Provide Proof of Income –**
   For children K-12th grade, you may provide the letter from the school district showing qualification for Free or Reduced Lunch Program.

   OR

   Provide proof of income in the form of previous year income tax return. 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 $46,850
2	Below $53,550
3	Below $60,250
4	Below $66,900
5	Below $72,300
6	Below $77,650
7	Below $83,000
8	Below $88,350

Sacramento County Low Income Status for 2019 Tax Returns

4. **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%

Each child has a scholarship accumulative maximum of $300 per 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: ____

PREVIOUS SCHOLARSHIP: Yes _____ No_____ Balance of scholarship left to use: $_____