



Application Don Ralls Scholarship Program

Date Received: _____ Received By: _____ Please allow up to two weeks for processing

Head of household requesting assistance

Name: _____ Date: _____

Address: _____ City/Zip: _____

Phone: (home) _____ (work) _____ (cell) _____

Total household monthly gross income: _____ Number of people in household: _____

Are you employed? _____ Employer: _____

Please fill in all the information below for each household member even if they will not be registering for a class this term. If you need more space, please attach an additional sheet.

E-mail Address: _____

Name	Special Needs?	Ethnicity*	Birth Date	Age	M/E

*Information is collected to report to funders on the diversity of recipients and programs they participate in. It may be used for grants applications and to highlight the need for additional support of the program. Individual/family information is not released.

- | | | |
|--|--|--|
| AI American Indian/Alaska Native
P Native Hawaiian/Pacific Islander
O Other Multi-Racial
AI/W American Indian/Alaska Native & White | As Asian
As/W Asian & White
W White (non-Hispanic)
AI/AB American Indian/Alaska Native and African American | AB African American/Black
AB/W African American & White
WH White (Hispanic) |
|--|--|--|

You must attach paperwork which validates your income, i.e. 1040 tax form from the most recent year (plus current pay stub and child support income) or TANF/SSI Statement (no additional pay stub is required). If you have a complete lack of income, no address or other special circumstance, please describe your situation on a separate piece of paper.

I hereby agree to release, save and hold harmless the Fair Oaks Recreation & Park District and their respective officials, administrators, employees, volunteers and agents from any and all liability and claims for any damage or injury brought by me, my family, estate, heirs, or assigns arising out of my enrollment or participation in this program except as may arise solely from the gross negligence of the Fair Oaks Recreation & Park District or from the acts of third parties. My signature below signifies that I voluntarily agree to all the terms and conditions contained herein.

I certify that all of the information provided on this form is true and correct and that all income is reported. I understand that this information is being given for the receipt of Recreation Scholarship assistance; that District officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable laws.

Signature: _____ Date: _____

Please **mail or drop-off** completed application to:
Fair Oaks Recreation and Park District
Attn: Don Ralls Scholarship Program
4150 Temescal Street
Fair Oaks, CA 95628

Scholarship Questions:

 FORPD Main Office (916) 966-1036
 Katy Coss, Recreation Superintendent
 kcoss@fairoakspark.org



Program Guidelines

Don Ralls Scholarship Program

Program limited to use by qualifying youth (18 years or younger), Senior Citizens (62 years or older), and Access to Recreation participants.

In order to qualify, your household's monthly gross income must fall within the income limits shown on this sheet. You must attach paperwork which validates your income, i.e. tax form from the most recent year (plus current pay stub) or TANF/SSI Statement (no additional pay stub is required). Please include any income received from child support as well. All adults (19 and over) in the household must provide proof of residency.

Scholarship assistance will be determined by Fair Oaks Recreation & Park District Recreation Staff, on a case-by-case basis. Scholarships are based on need with one scholarship option of 80% off the total cost. **The benefit is limited to one scholarship per person/per registration period.**

REGISTRATION PERIODS:

- January - April
- May - August
- September - December

If there is a credit on your account, the credit will be applied first, then the scholarship amount.

One application/registration per household may be submitted per registration period, listed above. Please indicate on this form the classes your children or ATR participant wish to sign up for this registration period. Allow two weeks for approval. If you are approved, and the class has openings, you will receive notification and a receipt confirming successful registration. If you are awarded the 80% off the total cost, you will be required to pay your 20% of the program/class prior to being issued the scholarship from the Fair Oaks Recreation & Park District.

There may be a wait list for the spot in class, so please call five days prior, if you can't attend, in order to be considered for future scholarship awards.

Income Limits	
Family Size	Household income
1	\$1,217
2	\$1,388
3	\$1,680
4	\$2,025
5	\$2,370
6	\$2,715
7	\$3,061
8	\$3,408

Example: if three people live in your household, the gross family monthly income must be less than \$1,680 in order to qualify for a Recreation scholarship. (HUD 30% of area median)

If program funds run out during the year, it is possible the scholarship program will need to be halted, and assistance for all will be denied until funding is renewed.

Allotments are to be used solely for youth and Access to Recreation (ATR) registrations (classes, leagues or camps) ONLY.

Don Ralls Scholarship Program Activity Registration Info

Please indicate the activities in which your child, you/your senior citizen or ATR participant would like to participate. After this form is submitted, you will not be able to register for anything else through the scholarship program until the next registration period (see above). Please allow two weeks for your application to be approved and the registration confirmed.

<u>Participant Name</u>	<u>Class Name</u>	<u>Class Dates</u>	<u>Fee</u>

Please check this box if special accommodation is needed. Total:

Staff Use Only! Amount of scholarship approved: _____ Amt to be paid by applicant: _____
 Receipt Number: _____ Date Approved: _____ Approved by: _____
 Scholarship denied reason: _____