



JURUPA AREA RECREATION AND PARK DISTRICT

PUBLIC ASSISTANCE SCHOLARSHIP APPLICANT # 2024- _____

ALL APPLICANTS MUST BE RESIDENTS WITHIN THE ZIP CODES OF 92509 & 91752

FILING OF THIS APPLICATION DOES NOT GUARANTEE SCHOLARSHIP AWARD OR APPROVAL NOR DOES IT RESERVE SPACES WITHIN A PROGRAM, CLASS, ACTIVITY OR EVENT. YOU ARE RESPONSIBLE FOR PAYMENT OF TUITION FEES IN EXCESS OF AMOUNT AWARDED TO BE ENROLLED IN A PROGRAM. FURTHERMORE, I UNDERSTAND THIS SCHOLARSHIP IS SOLELY FOR THE PURPOSE OF PARTICIPATING WITHIN A JURUPA AREA RECREATION AND PARK DISTRICT PROGRAM, CLASS, ACTIVITY OR EVENT AND THAT THE FUNDS WILL BE TRANSFERRED TO THE PROGRAM IF THE SCHOLARSHIP IS AWARDED.

PROGRAM, CLASS, ACTIVITY OR EVENT REQUESTED: _____

PLEASE LIST SPECIFIC DATES, TIMES AND SESSION # OF THE PROGRAM, CLASS, ACTIVITY OR EVENT YOU ARE REQUESTING

1. PERSON APPLYING FOR ASSISTANCE:

LAST NAME: _____ FIRST NAME: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____ SOCIAL SECURITY #: _____

AGE: _____

2. CHILD/PARTICIPANT INFORMATION:

LAST NAME: _____ FIRST NAME: _____

GENDER: M () F () AGE: _____ GRADE LEVEL: _____ DATE OF BIRTH: ____/____/____

ETHNICITY: _____

PRIMARY LANGUAGE SPOKEN IN HOME: _____

3. ARE YOU CURRENTLY RECEIVING PUBLIC ASSISTANCE (CALWORKS, CALFRESH, ETC.)? _____

4. TYPE OF ASSISTANCE: _____

I VERIFY THAT THE INFORMATION GIVEN IS COMPLETE AND ACCURATE. I UNDERSTAND THAT ALL INFORMATION PROVIDED IS CONFIDENTIAL. DOCUMENTATION MAY BE REQUIRED PRIOR TO ENROLLMENT.

SIGNATURE OF PERSON REQUESTING ASSISTANCE

DATE

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ FULL TUITION AMOUNT: \$ _____ QUALIFYING %: _____

AMOUNT AWARDED: \$ _____ CO-PAY AMOUNT: \$ _____ ASSISTANCE TO BEGIN ON: ____/____/____

PREPARED BY: _____ DATE: ____/____/____