

JURUPA AREA RECREATION AND PARK DISTRICT

LOW INCOME 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.

PLEASE LIST SPECIFIC DATES, TIMES AND SESSION # OF THE PROGRAM, CLASS, ACTIVITY OR EVENT YOU ARE REQUESTING					
1. PERSON APPLYING FOR ASSIST					
LAST NAME:	First Name:		RELATIONSHIP TO CHILD:		
Address:	Сіту:		ZIP CODE:		
HOME PHONE:	Work Phone:		SOCIAL SECURITY #:		
AGE: MARIT.	AL STATUS: MAR	RRIED () DIVORCED (() SEPARATED () SINGLE NEVER	Married ()
2. CHILD/PARTICIPANT INFORMA	ATION:				
LAST NAME:		FIRST NAME:			
GENDER: M() F() AGE: _	GRAD	E LEVEL:	DATE OF BIRTH: _	/	-
3. TOTAL NUMBER OF PERSONS L ETHNICITY:		USEHOLD:			
PRIMARY LANGUAGE SPOKE					
4. LIST ALL CHILDREN AND/OR P					
LAST NAME:					
LAST NAME:					
LAST NAME:					
LAST NAME:					
LAST NAME:	FIRST NAME:				AGE:
5. I AM CURRENTLY: () WORKING () ATTENDING SCHOOL () UNEMPLOYED AND LOOKING F () MEDICALLY INCAPACITATED () OTHER: PLEASE LIST CURRENT WORK/OR		6. SPOUSE/OTHER LIV () WORKING () ATTENDING SCHOO () UNEMPLOYED AND () MEDICALLY INCAR () OTHER:	OL D LOOKING FOR WOI PACITATED	RK	EDULE:
				G	
7. MY CURRENT MONTHLY SOUR WAGES: CHILD/SPOUSE SUPPORT: UNEMPLOYMENT COMPENSATION: SSI/SS: OTHER:	\$ \$	WAC CHIL UNE SSI/:	GES: .D/SPOUSE SUPPOR' MPLOYMENT COMP SS:	\$ T: \$ PENSATION: \$	COME (BEFORE TAXES)

9. TOTAL HOUSEHOLD MONTHLY GROSS INCOME (BEFORE TAXES): \$__

PLEASE DESCRIBE ANY AND ALL EXTENUATING CIRCUMSTANCES OR HARDSHIPS WHICH WOULD DIRECTLY AFFECT/IMPACT THE FINANCIAL INFORMATION GIVEN ON YOUR APPLICATION AND WHICH YOU WOULD LIKE CONSIDERED AT THE TIME OF YOUR APPLICATION REVIEW. I.E. ADDITIONAL DEPENDENTS CARING FOR, STOPPED INCOME/LOSS OF WAGES, DISABLED PROVIDER ETC. 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 FULL TUITION AMOUNT:\$_____ Date Application Received: _____ Full Tuition Amount:\$ ____ Qualifying %: _____ Amount Awarded: \$ ____ Co-Pay Amount: \$ ____ Assistance to Begin On: ___/ ___/ PREPARED BY: ____ DATE: ____/___/___

EXTENUATING CIRCUMSTANCES: