



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.

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: \_\_\_\_\_ MARITAL STATUS: MARRIED ( ) DIVORCED ( ) SEPARATED ( ) SINGLE NEVER MARRIED ( )

2. CHILD/PARTICIPANT INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

GENDER: M ( ) F ( ) AGE: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. TOTAL NUMBER OF PERSONS LIVING WITHIN HOUSEHOLD: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN IN HOME: \_\_\_\_\_

4. LIST ALL CHILDREN AND/OR PERSONS (NOT PREVIOUSLY LISTED) CURRENTLY WITHIN HOUSEHOLD:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

5. I AM CURRENTLY:

- ( ) WORKING
( ) ATTENDING SCHOOL
( ) UNEMPLOYED AND LOOKING FOR WORK
( ) MEDICALLY INCAPACITATED
( ) OTHER: \_\_\_\_\_

6. SPOUSE/OTHER LIVING IN HOUSEHOLD IS CURRENTLY:

- ( ) WORKING
( ) ATTENDING SCHOOL
( ) UNEMPLOYED AND LOOKING FOR WORK
( ) MEDICALLY INCAPACITATED
( ) OTHER: \_\_\_\_\_

PLEASE LIST CURRENT WORK/OR SCHOOL SCHEDULE: \_\_\_\_\_

PLEASE LIST CURRENT WORK/OR SCHOOL SCHEDULE: \_\_\_\_\_

7. MY CURRENT MONTHLY SOURCES OF INCOME (BEFORE TAXES)

8. SPOUSE/OTHER MONTHLY SOURCES OF INCOME (BEFORE TAXES)

WAGES: \$ \_\_\_\_\_
CHILD/SPOUSE SUPPORT: \$ \_\_\_\_\_
UNEMPLOYMENT COMPENSATION: \$ \_\_\_\_\_
SSI/SS: \$ \_\_\_\_\_
OTHER: \$ \_\_\_\_\_

WAGES: \$ \_\_\_\_\_
CHILD/SPOUSE SUPPORT: \$ \_\_\_\_\_
UNEMPLOYMENT COMPENSATION: \$ \_\_\_\_\_
SSI/SS: \$ \_\_\_\_\_
OTHER: \$ \_\_\_\_\_

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

