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į	Date Received:	Initials:
	Account Verified: *City Home Address Confirmed	Initials:

## YOUTH SCHOLARSHIP APPLICATION

FOPAR offers scholarships to children of income-qualified families residing within the City of Santa Cruz. Priority will be given to applicants who can show proof of current enrollment in *MediCal*. Interested guardians should fill this application out completely, attach a home address verification document, and either email it to parksandrec@santacruzca.gov or deliver to: 323 Church St., Santa Cruz, CA 95060.

## Be sure to include:

Completed Application
Address Verification Document
Copy of MediCal Benefit Card (if applicable)

This form must be complete or it will not be accepted. To be eligible for a scholarship, applicants must have an existing WebTrac account. Verified city resident status is required. Successful applicants will be contacted by email, and a credit will be applied to the family member's account for the amount awarded. You will be responsible for registering your child in the program online, by mail, in-person or by phone. Program enrollment is first-come, first-served.

Select Scholarship Type:	General	JR Scott Memorial (Little/Junior Guard only)  Available Summer Session only		,	JG Booster (Non-City Residents Only)  Available Summer Session only	
Parent's Name		Address				
City	State	Zip Code	Ema	ail (required)		
Household Size	No. of depe	ndent children	Phon	e (home)	(work)	
Household Annual Income (must be below \$102,032)			Season		Year	
Ethnicity (check all that ap		n/Pacific Islander	Black/A ulti-Ethnic	frican American Not Specified	White (Not of Hispanic Origin)	
If you do not normally qua extenuating circumstance	,		0		uirements, please describe any	

## Please list all participants applying for scholarships

## THIS TABLE MUST BE COMPLETELY FILLED OUT

Course #	Participant Name	M/F	Birth Date	Course Title	Fee



Please provide any additional information below. If applying for a JR Scott Memorial Scholarship or Santa Cruz Booster Club partial scholarship for Non-Residents, please use the space below for the child's required short essay on why they want to be a Little Guard or Junior Guard.

By signing below, I acknowledge th	hat the information I provided is accurate, true,	and correct and that my household
income <u>IS LESS THAN</u> \$102,032/year,	which is the average median income for Santa	a Cruz County.
-		Date
Approved By (Initials)		
	FOR OFFICE USE ONLY	
Participant Name:	Amount Awarded \$	Scholarship Type
Participant Name:	Amount Awarded \$	Scholarship Type
Participant Name:	Amount Awarded \$	Scholarship Type
Participant Name:	Amount Awarded \$	Scholarship Type
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