

YOUTH RECREATION SCHOLARSHIP APPLICATION 2022

For 2022 Classes Only

The City of Gilroy Recreation Division is pleased to offer Youth Recreation Scholarships to Gilroy city residents who live within the **Gilroy Unified School District boundary lines** and are unable to participate in fee-based recreation programs due to economic constraints. Since this fund is comprised of donations made by service clubs, corporations, businesses and individuals from our community, scholarship availability will be granted based on available funds. To receive financial assistance, youth scholarship applicants will pay for 60% of the recreation program fee. Each approved applicant will receive up to \$100 to be used for recreation programs within a calendar year. Youth Scholarships cannot be combined with any other scholarship or waiver. Please complete the following information and submit to the Recreation Division office a minimum of two (2) working days before the desired activity is scheduled to begin. Scholarship participants must be 17 years old or younger to qualify. Please note, in case of a refund, the scholarship will be refunded fully before any funds are returned to the customer (per class).

PARENT/GUARDIAN NAME: _____

PARTICIPANT'S NAME: _____ BIRTHDATE: _____ AGE: _____

ADDRESS: _____ CITY: _____

GRADE: _____ GENDER: _____ HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

DO YOU NOW OR HAVE YOU EVER RECEIVED A YOUTH SCHOLARSHIP? _____ NO _____ YES

CRITERIA: Please submit proof of one of the following documents (must include published child's name):

- Proof of enrollment in GUSD/GPS free or reduced-price meals program (**preferred**)
- California Head Start letter
- First 5 of Santa Clara County
- Food Stamps eligibility letter (CalFresh)
- Medi-Cal eligibility letter
- Proof of foster child care.
- Women, Infants and Children (WIC) Program

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

OFFICE USE: APPROVED FOR \$ 100.00: _____ NOT APPROVED: _____ EXPIRATION DATE: **12/23/22**

REASON FOR DENIAL: _____

SIGNED: _____ DATE: _____

Intake Initial _____

Call and Input Initial _____