March 13, 2013

Dear Scholarship Applicant:

Thank you for your interest in our Summer Scholarship Program for City of Santa Cruz residents. Attached is a scholarship application. Please note the following information:

- Applications are due by Monday, April 1, 2013 by 5:00 p.m. at 323 Church Street, Santa Cruz, CA, 95060. Proof of City residency is required!
- You will be notified by phone and/or mail if you are approved for a scholarship.
- A credit will be applied to your Parks and Recreation account for the amount awarded.
- You will be responsible for registering your child in the program –
    - Online at www.santacruzparksandrec.com starting Saturday, April 13
    - In person at 323 Church St, Santa Cruz starting Monday, April 15
    - By phone at 831-420-5270 beginning Wednesday, April 17

The Parks and Recreation Department will not hold a space in your desired activity. All registration is first-come, first-served. Classes begin the week of June 10, 2013.

If you choose to register online with instaReg, you will need to set up your account and PIN number in advance. Call our office at 831-420-5270 or visit www.santacruzparksandrec.com.

Scholarship credit must be used by August 9, 2013. The remaining scholarship balance will be deleted from your account and the funds paid back to Friends of Parks and Recreation for future scholarships.

If you have any questions, please feel free to call 831-420-5277.

Sincerely,

Lisa McGinnis, Staff Liaison
Friends of Parks and Recreation

323 Church Street • Santa Cruz, California 95060 • (831) 420-5277
Charles Verutti, *President* Kathleen Howard, Carol Kreppel, Jim Lang, Hollie Locatelli, Bill Simpson, Terrill Tompkins, *Members* Lisa McGinnis, Dannettee Shoemaker, *Staff Liaisons*

FRIENDS OF PARKS AND RECREATION (F.O.P.A.R.)

SCHOLARSHIP APPLICATION FOR CHILDREN AND TEENS

Omega Nu, the Jay Moriarity Scholarship Fund and the J.R. Scott Memorial Fund

F.O.P.A.R. is offering partial scholarships to families residing within the **City of Santa Cruz** with limited incomes. Interested parents should complete this application, attach proof of residency and return to: SCHOLARSHIPS, 323 Church Street, Santa Cruz CA 95060 by **Monday, April 1, 2013** at 5:00 p.m. All requests will be reviewed and successful applicants will be contacted by mail. **A credit will be applied to your account for the amount awarded. You will be responsible for registering your child in the program** online or by mail beginning Saturday, April 13, in person beginning Monday, April 15 and by phone beginning Wednesday, April 17. Enrollment is first-come, first-served. Scholarship credit must be used by August 9, 2013.

Parent's Name _____ Address _____

City _____ State _____ Zip Code_____

Telephone (h) _____(w) _____

Emergency Contact Name _____ Phone _____

Single Parent Household? Yes ___No ___

Number of dependent children _____ Ages _____

Combined Annual Family Income $_____

Are you receiving Aid to Families with Dependent Children? $_____ How long?_____

Do you receive Medi-Cal?_____ Medi-Cruz? _____ Medicare? _____

Do you receive unemployment benefits? _____ Monthly Amount of Unemployment Benefits $_____

Are you receiving disability benefits? _____ Child Support? _____

Do you have children with special needs in household? _____ Age _____

Describe any unusual expenses:_____

Please list all participants applying for scholarships.

Course #	Participant's Name	M/F	Birth -date	Course Title	Fee

In what other activities will your children participate? _____

_____

Have you applied for program scholarships from other agencies? _____

Have you received F.O.P.A.R. scholarships before? Yes____ No____

If so, what programs were funded and when? _____

_____

Why are you requesting a scholarship? _____

_____

_____

_____

Child's 50-word essay on why you want to be a Little Guard or Jr. Guard (required for Jay Moriarity and J.R. Scott Scholarships)

_____

_____

_____

_____

_____

_____

Additional Comments: _____

Please feel free to use back of form or attach additional information.

OFFICE USE ONLY

Date Received _____ Initials _____ Funding Recommended? Yes _____ No_____

Amount of Scholarship $ _____ F.O.P.A.R. Scholarship _____

Proof of City Residency Checked_____

Print Form Email FOPAR