February 6, 2014

Dear Scholarship Applicant:

Thank you for your interest in our **Summer Scholarship Program** for City of Santa Cruz residents. Those of you who are familiar with the program know that we have **new income eligibility guidelines** and a **new scholarship application**. Please note the following information:

- **NEW:** Families may qualify for consideration for scholarships based on financial need if their stated income meets the attached **FOPAR Scholarship Income Eligibility Scales.** Families NOT meeting the Income Eligibility Guidelines may qualify if they **describe a special circumstance resulting in financial hardship**. Such situations may include but are not limited to, loss of property due to fire, flood or other natural disaster, loss of employment, loss of business, death of a family member, etc.

- Applications are due by **Monday, March 31, 2014 by 5:00 p.m.** at 323 Church Street, Santa Cruz, CA, 95060. FILL OUT FORMS COMPLETELY. (Incomplete applications may be disqualified. Call us at 831-420-5277 if you need assistance.) Proof of city residency is required for all applications!

- You will be notified by phone and/or email 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(s)**:
    - Online at www.santacruzparksandrec.com
    - In person or by mail at 323 Church St, Santa Cruz, CA 95060
    - By phone at 831-420-5270 or fax at 831-420-5271

- The Parks and Recreation Department will **not** hold a space in your desired activity. All registration is first-come, first-served. **Most classes begin the week of June 16, 2014**.

- If you choose to register online with instaReg, you will need your Login and PIN number in order to register. Call our office at 831-420-5270 to see if you have an account already in our system.

- Scholarship credit must be used by **August 7, 2014**. 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

Friends of Parks and Recreation
Scholarship Income Eligibility Scales*

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	$20,665	$1,723	$862	$795	$398
2	$27,991	$2,333	$1,167	$1,077	$539
3	$35,317	$2,944	$1,472	$1,359	$680
4	$42,643	$3,554	$1,777	$1,641	$821
5	$49,969	$4,165	$2,083	$1,922	$961
6	$57,295	$4,775	$2,388	$2,204	$1,102
7	$64,621	$5,386	$2,693	$2,486	$1,243
8	$71,947	$5,996	$2,998	$2,768	$1,384
For each additional family member, add:	$7,326	$611	$306	$282	$141

* Based on California Department of Education Income eligibility guidelines for free and reduced-price meals or free milk in Child Nutrition Programs.
* Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expenses.

FRIENDS OF PARKS AND RECREATION (F.O.P.A.R.)
SCHOLARSHIP APPLICATION FOR CHILDREN AND TEENS

Omega Nu, Santa Cruz Woodies, City of Santa Cruz,
the Jay Moriarity Scholarship Fund and the John 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. See attached income guidelines. Interested parents should fill out this application completely, attach proof of residency and return to: SCHOLARSHIPS, 323 Church Street, Santa Cruz, CA 95060 by **Monday, March 31, 2014** at 5:00 p.m. All requests will be reviewed and successful applicants will be contacted by phone or email. A credit will be applied to your account for the amount awarded. You will be responsible for registering your child in the program online, by mail, in person and by phone. Enrollment is first-come, first-served. Scholarship credit must be used by August 7, 2014.

Parent's Name _____ Address _____

City _____ State _____ Zip Code _____

Telephone (h) _____ (w) _____ Email _____

Household Size _____ Single Parent Household? Yes ____ No ____ Number of dependent children_____

Household Annual Family Income $_____

Describe special circumstances resulting in financial hardship: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please list all participants applying for scholarships.

Course #	Participant's Name	M/F	Birthdate	Course Title	Fee

In what other activities will your children participate? _____

_____

Additional Comments: _____

_____

_____

_____

I declare under penalty of perjury that the information I have provided is true and correct.

Signature_____ Date _____

FOR OFFICE USE ONLY

Date Received _____ Initials _____ Funding Recommended? Yes _____ No _____

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

Proof of City Residency Checked _____