



March 30, 2020

Dear Scholarship Applicant:

Thank you for your interest in our **Youth Summer Scholarship Program** for City of Santa Cruz residents. Please note the following information:

- Scholarships are awarded to applicants based on a variety of factors including number of applicants, program costs, needs and others variables.
- Consideration for scholarships is based on less than the average median income for Santa Cruz County which for this year is \$78,041. Priority will be given to applicants who can show proof of current enrollment in MediCal. 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, loss of employment, loss of business, death of a family member, etc.
- Applications are due by **Friday, April 24, by 5:00 pm** at 323 Church Street, Santa Cruz, CA, 95060. **FILL OUT FORMS COMPLETELY** (incomplete applications may be disqualified). Call us at 831-420-5270 if you need assistance. **Proof of City residence is required.**
- You will be notified by email if your family member is awarded a scholarship.
- A scholarship credit will be applied to your Parks & Recreation family member's account for the amount awarded.
- You will be responsible for creating your online *WebTrac* account at **cityofsantacruz.com/register** prior to submitting the scholarship application. After your *WebTrac* account is activated and you are notified of receiving a scholarship. Summer registration has been postponed until further notice. Visit **cityofsantacruz.com/scholarships** for more information.
 - ▶ Online at **santacruzparksandrec.com/register**
 - ▶ In person at Parks & Recreation Administration (323 Church St, Santa Cruz) or the Louden Nelson Community Center (301 Center St, Santa Cruz)
 - ▶ By phone at 831-420-5270 9:00 am to 4:00 pm.
- The Parks and Recreation Department will not hold a space in your desired activity. All registration is first-come, first-served.
- Scholarship credit must be used by **August 3, 2020**. The remaining scholarship balance will be deleted from your account and the funds returned to Friends of Parks and Recreation for future scholarships.

If you have any questions, please feel free to call 831-420-5270.

Sincerely,

Tony Elliot
*Director of Parks & Recreation,
Staff Liaison, Friends of Parks and Recreation*



Administration Use Only

Date Received: _____ Initials: _____

Account Verified: Initials: _____
*City Home Address Confirmed

**FRIENDS OF PARKS AND RECREATION (FOPAR)
 YOUTH SCHOLARSHIP APPLICATION**

City of Santa Cruz | Omega Nu | John R. Scott Memorial Fund | Santa Cruz Junior Lifeguard Boosters

FOPAR offers partial scholarships to youth residing within the City of Santa Cruz and who meet the income eligibility of less than \$78,041 annual income which is the average median income for Santa Cruz County. Priority will be given to applicants who can show proof of current enrollment in MediCal. Interested parents should fill this application out completely and return no later than April 24, 2020 to:

FOPAR SCHOLARSHIPS
 323 Church Street
 Santa Cruz, CA 95060

All requests will be reviewed and successful applicants will be contacted by email. 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. This form must be completely filled out or it will not be accepted. Enrollment is on a first-come, first-served basis. To be eligible to receive funds, scholarship applicants must have an existing *WebTrac* account. Scholarships must be used by August 3, 2020.

Parent's Name _____ Address _____

City _____ State _____ Zip Code _____ Email (required) _____

Household Size _____ Number of dependent children _____ Phone (home) _____ (work) _____

Household Annual Income \$ _____

If you do not normally qualify for a scholarship due to not meeting annual income requirements, please describe any extenuating circumstances that your family has experienced this year: _____

Please list all participants applying for scholarships

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

THIS TABLE MUST BE COMPLETELY FILLED OUT



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

Additional Comments: _____

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

By signing below, I acknowledge that the information I provided is accurate, true, and correct and that my household income IS LESS THAN \$78,041/year which is the average median income for Santa Cruz County.

Signature _____ Date _____

Approved By (Initials) _____

FOR OFFICE USE ONLY

Participant Name: _____ Amount Awarded \$ _____ Scholarship Type _____

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