

YOUTH SCHOLARSHIP APPLICATION

The City of Ventura Parks, Recreation & Community Partnerships (PRCP) Department offers scholarships, funded by the Ventura Community Partners Foundation, Harry A. Lyon Youth Fund, Kaiser Permanente and LA84 Foundation. Scholarships available are for youth programs such as sports, camps, dance, visual arts, and after-school programs. For more information call 805-658-4726

Guidelines

- Scholarships are reserved for low-income families.
- Applicant and participant must be Ventura residents
 - Scholarship participant must be under 18 years of age
 - Maximum awarded in a 12-month period: up to \$100 – one child; up to \$300 per family

APPLICATION INSTRUCTIONS: Please allow up to 4 weeks to process

Complete application and provide items from option A or B

Option A

- Provide proof of Ventura residency (utility bill, driver's license)
- Provide WIC (with current voucher) or
- CalFresh (notice of action letter)

Option B

- Provide proof of Ventura residency (utility bill, driver's license) and attach at least (2) of the following proof of income:
 - Two recent pay check stubs (within the last 2 months)
 - Prior year tax return
 - Social Security income statement

Hand-deliver application and documents to: City Hall, 501 Poli St., Room 226, Ventura, CA, Mon.-Fri. 8 am- 5 pm (closed alternate Fridays)

Families from households whose income is at or below the levels listed below are eligible for scholarship.

Household Size	Annual Income
2 People	\$36,250
3 People	\$40,800
4 People	\$45,300
5 People	\$48,950
6 People	\$52,550
7 People	\$56,200
8 People	\$59,800

APPLICATION

Date: _____ Parent/Guardian Name: _____ DOB: _____

Address: _____, Ventura, CA Zip: _____

Contact #: _____ Email: _____

Have you been awarded scholarship funds in the past? No Yes (Date) _____

Number of family members: _____ Single parent family? No Yes Annual Income: \$ _____

Are you currently receiving any government assistance? No Yes, please list: _____

Class Code	LAST Participant Name FIRST	Date of Birth	Class Fee*
			\$
			\$
			\$
			\$
*If total exceeds scholarship award, applicant is responsible for the remaining balance. Balance must be paid before class starts.		Total	\$

WAIVER: By signing this application, I agree to release the City of San Buenaventura, its agents, its employees, and its certified volunteers from and against any claim arising from my or my child's participation in the program noted on this Registration Form. I grant permission for the City of Ventura to use participants' image, filmed during program activities, to promote its services and programs. I agree to indemnify and hold the City of San Buenaventura harmless from and against any claims, whether caused by passive negligence or otherwise. I will pay all costs incident to any claim, including, without limitation, attorneys' fees. I agree that this agreement is intended to be as broad and inclusive as is permitted by law of the State of California.

Date Received: _____ Staff Name: _____

Approved Date: _____ Max Award: _____ Staff Name: _____

Denied Date: _____ Reason: _____ Staff Name: _____

Courses Scholared & Funding Source (VCPF; HL; KP; LA84)

Course #	Course Amt	Funding Source
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total:	_____	_____
Balance Due:	_____	_____

For office use only

Signature _____

