

# Recreation & Parks Scholarship Application Fall/Winter 2022



The scholarship program gives families in need the opportunity to participate in Recreation & Parks programs. Funds are raised through the Department's annual fundraising events, such as the St. Patrick's Day 5K, Handmade Holiday Craft Fair, Senior Expo and from individual contributions received from donors throughout the year.

**Eligibility Requirements:** Family must live within Santa Rosa City limits and must show proof of receiving at least one of the following:

1. Social Security Supplemental or Disability Income.
2. Public assistance through the Sonoma County Human Services Department, i.e., Temporary Assistance for Needy Families (TANF) or Food Stamps.
3. Free lunch assistance through the local schools.
4. Public assistance through the City of Santa Rosa Housing Authority.
5. Medi-Cal Benefits Card.

## How to Apply:

Fill out the application and submit via email (be sure to include a copy of your proof of eligibility document) to [activityguide@srcity.org](mailto:activityguide@srcity.org) or call 707-543-3737 to schedule an appointment at the Finley Community Center.

Location	Address	Phone Number	Hours
Finley Community Center	2060 West College Ave	(707) 543-3737	Mon-Fri 8:30am-4:30pm
Finley Aquatic Center	2060 West College Ave	(707) 543-3760	Mon-Fri 8:30am-4:00pm

## How the program works:

When you submit/present your completed application, please **include/show our staff the current documentation** from the agency which administers your assistance.

**Once your application has been approved Recreation Staff will contact you to assist with registration for class(es). It is recommended that you register your child at the full cost of the course in-order to hold their spot in the class. We will provide credits or refunds for the difference after the scholarship has been applied.**

**Please note:** Scholarship funds may only be used classes offered through the Recreation & Parks Department and are not redeemable for cash. We process scholarships once annually per family, so all registrations must be completed at the time the scholarship is approved.

**Head of Household/Main Family Contact:**

Last Name:	First Name:	Birthdate:	<input type="checkbox"/> M <input type="checkbox"/> F
Address:		Zip:	
Email address:	Main Phone:	Alt Phone:	

**List all family members receiving a scholarship: (please select 1 scholarship per participant)**

**\*Swim Lesson Scholarships can be used to pay a maximum of 50% of the course fee - remaining balance for all classes is due immediately.**

Last Name:	First Name:	Birthdate:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Youth Sports (\$50)	<input type="checkbox"/> Winter Camp (\$100)
				<input type="checkbox"/> Swim Lesson (\$25)*	<input type="checkbox"/> Lifeguard (\$160)
				<input type="checkbox"/> Tennis Camp (\$60)	<input type="checkbox"/> Senior Member (\$12)
Last Name:	First Name:	Birthdate:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Youth Sports (\$50)	<input type="checkbox"/> Winter Camp (\$100)
				<input type="checkbox"/> Swim Lesson (\$25)*	<input type="checkbox"/> Lifeguard (\$160)
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				<input type="checkbox"/> Tennis Camp (\$60)	<input type="checkbox"/> Senior Member (\$12)

I am applying for a scholarship for members of my immediate family through the City of Santa Rosa Recreation and Parks Department Scholarship Program.

The undersigned, in consideration of participation in this program, agrees to indemnify and hold the City of Santa Rosa harmless and release the City of Santa Rosa, its officers, employees, and agents from any and all liability for any injury arising out of, or in any way connected with participation in this program. I HAVE READ THE ABOVE APPLICATION AND AGREEMENT, AND FULLY UNDERSTAND THAT I ASSUME ALL RISK FOR ANY INJURIES RECEIVED.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Self     Parent     Guardian

**VERIFICATION OF FINANCIAL ASSISTANCE:**

- Social Security Supplemental or Disability Income
- Public assistance through the Sonoma County Human Services Department (TANF or Food Stamps)
- Public assistance through the City of Santa Rosa Housing Authority
- Free lunch assistance
- Medi-Cal Benefits Card

Date: \_\_\_\_\_ Approved:  Yes  No Approved by: \_\_\_\_\_