Recreation Scholarship Form

Tustin Parks and Recreation
Mailing: 300 Centennial Way
Tustin, CA 92780
Phone: 714-573-3326 Fax: 714-838-4779
www.tustinca.org

Application Date:		**Program Applying For (Including Barcode):**
Primary Recipient (Child): **First** **Last** **Age:**		
Requesting Party (Parent / Guardian): **First** **Last** **MI**		
Address:		
City:	**State:**	**Zip Code:**
Primary Phone:		**Secondary Phone:**
Email:		
Upon approval you will be asked to contribute part of the registration fee. How much will you be able to provide: ____ 50% of fee ____ 75% of fee		Have you applied for a scholarship for a recreation program this calendar year? _____ Yes _____ No
Qualification for the scholarship program will be determined by financial need and residency. Please provide the following **with this** application: Letter: _____ A letter explaining your current need and why your child should be considered for a scholarship		
Applicant's Signature:		**Date:**

Please allow at least two (2) weeks advance notice on application dates for programs. Information provided is confidential and will not be released without your written permission.

- Office Use Only –

Date Received:_____ Received by:_____

Documentation Received (attach copies):_____

Application Approved: YES NO Comments:_____

Applicant Registered: YES NO Receipt #:_____ Remaining reg fees received: YES NO

Approved by:_____ Input on:_____