

# 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](http://www.tustinca.org)

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

*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.*

<i>- Office Use Only -</i>	
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: _____