



Recreation Scholarship Program Application



Sponsored by the American Canyon Community and Parks Foundation

Qualification for the scholarship program will be determined by financial need and residency. Please include the following with this application:

Proof of residency:

- A current utility bill with matching picture ID (dated within last 30 days)

Proof of financial need (provide one of the following)*:

- A "Passport to Services" with matching picture ID from Napa County Social Services
- Proof of participation in the Napa Valley Unified School District reduced lunch program
- Proof of participation in the Pacific Gas & Electric CARE Program
- Proof of participation in the Recology Lifeline Discount Program
- Proof of participation in Foster Kids Fund of Napa County
- Benefit verification letter showing proof of SS, SSI, or Medicare
- Other proof as determined by the Parks and Recreation Director or designee

Applicant Name: _____ Date of Application: _____

Mailing Address: _____

Daytime Phone Number: _____ Email: _____

Name of Scholarship Recipient(s): _____

Activity Guide Quarter Applying for (circle one): Summer, Fall/Winter, Spring Year: _____

Statement of Need: Please explain why you are applying for a scholarship and how it would benefit the recipients:

Incomplete applications will not be considered



APPROVAL AND AWARD PROCESS

- Upon submittal of applications, applicants will be notified promptly of award
- Scholarships will be valid during the Activity Guide quarter in which it was awarded
- Written statements can be typed or hand written and attached to the application
- Scholarships are awarded on a first come first serve basis and are dependent on the total funds available
- Applications that are incomplete, missing required documents will not be considered

SCHOLARSHIP AGREEMENT

I, the undersigned, certify that the enclosed information is true and correct to the best of my knowledge. I acknowledge and understand that the information provided will be relied upon for purposes of determining my eligibility to receive a scholarship from the City of American Canyon and that any misstatement, fraudulently or negligently made in this or in any other statements may result in the denial or loss of eligibility of a scholarship. I also acknowledge that any excessive absences/tardiness or any behavioral issues may lead to loss of eligibility of a scholarship.

Feedback about the Scholarship Program is requested by our primary donor, the American Canyon Community and Parks Foundation (ACCPF).

- Please check here if you too would be willing to share how the Scholarship program has helped your family.

Signature: _____
(Parent or Legal Guardian if applicant is under 18)

Printed Name: _____

Date: _____

Office Use Only

Date Received: _____ Received by: _____

Documentation Received (attach copies): _____

Application approved: YES NO Comments: _____

Scholarship/Class Participation Fee: \$ _____ Receipt #s _____

Parks & Recreation Approval: _____ Date: _____

Incomplete applications will not be considered