



# Capitola Recreation Youth Scholarship Application



Parent/Guardian Name: \_\_\_\_\_ Child Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Youth Scholarship Requests

Enter the name of the program for which you are requesting financial assistance, including session number, in the Program Title column. Include program cost and dates. If applying for more than one program or add on (ie extended care) continue in the below rows. Applications are reviewed seasonally as outlined in Recreation mailers. Fill out a new form for each child in the household.

Program Title	Cost of Program	Dates of Program
Example: Camp Capitola Session 1 AM	\$153	June 14-18

**Instructions:** Please provide any information that will demonstrate your level of need. If printing document, use space on reverse side if necessary.

**Financial Need:**

- Monthly Household Income (consider all sources): \$ \_\_\_\_\_
- Total # of Members in Household: \_\_\_\_\_ Number of dependents: \_\_\_\_\_
- Has the child received scholarships or assistance from any other organization or sports club? Yes / NO Which Ones?
- Total Monthly Expenses: \$ \_\_\_\_\_

Why do you feel this program would be beneficial to your child?

What are your child's interest and other club activities?

I authorize the Capitola Public Safety & Community Service Foundation to verify any of the above information: Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_ Please email or return this form to: [info@capitolafoundation.com](mailto:info@capitolafoundation.com)

**Capitola Foundation Scholarship Coordinator  
224 Monterey Ave. Capitola, CA. 95010**



# Capitola Recreation Youth Scholarship Application



The Capitola Public Safety & Community Foundation partners with Capitola Recreation to review and award Youth Scholarship Applications for children who otherwise would not be able to afford services. The following are guidelines for applicant to ensure that the correct procedure are followed in the application and registration process.

The application should be completed and returned to the Capitola Public Safety & Community Service Foundation via email to [info@capitolafoundation.com](mailto:info@capitolafoundation.com) or, when necessary, mailed to: Capitola Foundation Scholarship Coordinator: 909 Columbus Dr Capitola, Ca 95010.

Submit a separate application for each child requesting scholarship

The criteria used for financial need is a percentage of the Santa Cruz County Area Median Income calculated by the State of California.

Full scholarships are not available, and instead represent a percentage of the tuition minus the registration fee. Applications are reviewed in the order they are received.

Scholarship applicant must first register for the desired program and then submit a scholarship application. When registering, choose payment plan to pay only for the registration fee. If you are denied a scholarship you will be refunded your registration fee if you choose to withdraw from the program.

Award will be received as credit to your CivicRec Account.

Any unused credit will be removed from your account and returned to the scholarship fund after the start of the session.

Scholarships will be awarded as funds are available.

Space for additional notes:

### Office Use Only.

Please circle.

Award:	25% less registration fee	50% less registration fee
	75% less registration fee	100% less registration fee