

OFFICE USE ONLY

Received By _____ Date _____



Tehachapi Valley

Recreation & Park District

SCHOLARSHIP APPLICATION

All applications must be completed, approved, and on file at the Tehachapi Valley Recreation and Park District administration office, 490 West D Street Tehachapi, CA 93561. Please call our office with any questions at (661) 822-3228. Submittal of application does not constitute approval.

Applicant Information

Name _____

Address _____

City _____ Zip _____ State _____

Phone _____ Email _____

Marital Status (circle one)	Single	Married	Divorced	Separated	Widowed
Housing Status (circle one)	Homeowner	Renter	Living with family/friends	Other (please describe)	

Please complete all information of all individuals in household, including spouse/partner.

Dependent's First Name	Dependent's Last Name	Date of Birth	Relationship	Program Applying for

Employment Information

Applicant's Employer _____

Address _____ Phone _____

Spouse's Employer/Second Employer _____

Address _____ Phone _____

If not employed, how long have you been unemployed? _____



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Do you have or receive any of the following? :

	YES	NO
FOOD STAMPS/EBT/CAL FRESH		
SOCIAL SECURITY/ DISABILITY		
UNEMPLOYMENT BENEFITS		
CHILD SUPPORT		
SAVINGS/INVESTMENT ACCOUNTS		
HOUSING SUBSIDATION		
CAL WORKS/CASH AID		

Please list all other sources of income received by all household members. (Before deductions)

Household Member	Name of Agency or Place of Employment	Address/Phone of Agency or Employer	Amount per Month

Eligibility

Applicants must be a district resident and must be under 18 years of age.

Participants must provide one of the following for proof of eligibility:

- Proof that participant is eligible for the Free or Reduced School Lunch Program
- Proof that sibling is eligible for the Free or Reduced School Lunch Program (if participant is too young to attend school.
- Proof that family is eligible to receive assistance from the Department of Human Services
- Proof that family is eligible for food stamps
- Proof that family is eligible for Medi-Cal or Kern Family Health Care services
- Proof that family is eligible for WIC benefit



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Guidelines

- The scholarship program is available to Tehachapi Valley Recreation and Park District residents.
- Scholarships will be awarded to applicants in accordance to scholarship criteria.
- Approved applicants will receive a scholarship for program registration up to \$50 per person, per season. (Winter, Spring, Summer, Fall)
- Any additional program fees above the awarded scholarship amount are due at the time of registration.
- All registration policies and procedures apply to scholarship applicants
- Upon completion of the application, Tehachapi Valley Recreation and Park District will notify the applicant by mail within two weeks of their scholarship status.
- All information submitted must be true and accurate. Financial assistance awarded on the basis of false information supplied by the applicant will be revoked.
- Scholarships are good for one year from date of approval.
- All requests for scholarships must be received within a minimum of three weeks prior to the start of any requested program or activity.
- Remaining scholarship money awarded for one season does not carry over to the next season. Future funds cannot be used for current programs.
- Qualifying individuals cannot transfer their scholarship to another qualifying individual
- Applications are available at the Tehachapi Valley Recreation and Park District office or online at www.tvrpd.org

Acknowledgement of Application Policy

I certify that all of the above information is true and accurate and that all income has been reported. I understand that Tehachapi Valley Recreation and Park District officials may verify this information and that misrepresentation of the information will result in denial of the scholarship.

Name (printed) _____

Signature _____ Date _____

OFFICE USE ONLY

_____ APPROVED

_____ DECLINED (reason) _____

APPLICANT NOTIFIED BY MAIL ON: Date _____

Name of TVRPD Representative (printed) _____

Signature _____ Date _____