

| Date Received: | | | | | | |
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| Admin: | | | | | | |
| FY2023/24 | | | | | | |

YOUTH ACTIVITY SCHOLARSHIP APPLICATION

Dear Applicant:

The City of Brentwood Parks and Recreation Department provides partial financial assistance for our sports, classes and programs through the Youth Activity Scholarship Program, which is based solely on need, not school grades.

To be eligible, you and the participant must meet the following requirements:

- Be a Brentwood resident living within the city limits
- Provide proof of residency with a driver's license and a current utility bill
- The participant is under 18 years of age
- The yearly family income is within the income eligibility chart listed below
- Submit a completed scholarship application with verification of the yearly family income

The Youth Activity Scholarship Program is funded through community donations. Applicants that meet the requirements are eligible to apply on a first-come, first-serve basis. Financial commitment may vary from year to year, depending on the financial support from community organizations.

The following table reflects the Income Eligibility Guidelines from the Contra Costa County Affordable Housing Income Limits.

| Household | Annually | Household | Annually |
|-----------|-----------|-----------|-----------|
| *1 | \$74,200 | 5 | \$114,500 |
| 2 | \$84,800 | 6 | \$123,00 |
| 3 | \$95,400 | 7 | \$131,450 |
| 4 | \$106,000 | 8 | \$139,950 |

^{*}A household of one means a foster child, institutionalized child, or a pupil who is his/her sole support. A limit of \$125.00 in scholarships per eligible family member is available each fiscal year, as long as funds are available.

Qualified applicants will be considered without regard to race, color, ancestry, religion, national origin, sex, age, disability, medical condition or marital status. In accordance with the Americans with Disabilities Act (ADA), if special accommodations are necessary at any stage of the application process, please provide the City of Brentwood Parks and Recreation Department with advance notice and every attempt will be made to consider your request.

Applications will be reviewed within 24 hours of receipt for staff approval. No refunds allowed or available. Scholarship funds are available for City of Brentwood Parks and Recreation sponsored programs, aquatic classes, and 10-entry recreation swim passes only.

For more information, please contact the Parks and Recreation Department at 516.5444 or visit the office in the Brentwood Community Center, 35 Oak Street, Brentwood, CA 94513. Office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.



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YOUTH ACTIVITY SCHOLARSHIP APPLICATION

| Applicant Nan | ne: | | | | | | |
|---------------------------------|-------------------------------|--|----------------------|-----------------------------|--------------------|--|--|
| Relationship o | f Applicant: | Father | Mother □ Gua | ardian Other: | | | |
| Address: | | | City: | State: | Zip: | | |
| Home Phone: | | | Cell I | Phone: | | | |
| | FICIPANT INFORM | | | | | | |
| First Name | Last Name | Date of Birth | School & Grade Level | <u> </u> | y Cost of Program | | |
| | | | | | | | |
| | | | | | | | |
| Father's Empl | oyer: | Work Phone: | | | | | |
| Address: | | | City: | State: | Zip: | | |
| Mother's Emp | loyer: | | Wo | ork Phone: | | | |
| Address: | | | City: | State: | Zip: | | |
| Other Means of AFDC Food Stamp | | ark all that apply Public Assistance Rental Assistance | e □ Sch | ool Lunch Assistance | | | |
| Proof of incon | ne is required. Attach | previous year's t | ax return and curren | nt pay stub. Income table o | n previous page. | | |
| Number of Per | rsons in your Househ | old: | Yearly | Family Income: \$ | | | |
| Verified by: | ☐ Tax Return | ☐ Employe | er Verification | ☐ Other: | | | |
| I hereby certify and government | | ly income indicat | ed above represents | all means of support from | employment income | | |
| Signature: | | | | Date: | | | |
| FOR OFFICE Verify: | EUSE ONLY: in Brentwood Addi | ressAdmin_ D | river's License | Admin Attach Copy of Cur | rrent Utility Bill | | |
| | proval· | Initial | | | | | |