



For admin use only:

Date Received: _____

Staff Initials: _____

Date Contacted: _____

City of Patterson Scholarship Program

Date: _____

New Applicant:

Re-apply:

APPLICANT INFORMATION: (proof of Patterson residency and valid picture I.D is required)

Myself/Parent/Guardian

Name: _____

Address: _____

Phone: Cell: (____) _____ Business: (____) _____

Email Address: _____

Section A:

Youth Only: PUSD reduced meals program eligibility

Is your Child currently receiving free/reduced meals?

Yes

No

If yes, continue.

If no, go **to Section B.**

School _____

Effective immediately, any scholarship applicant qualifying for and receiving a City of Patterson Recreation Scholarship, who's proof of qualification, is enrollment in the "free/reduced lunch" program at the PUSD may be required to show proof of this enrollment to Recreation Scholarship staff.

Seniors only:

Do you qualify for Howard Training Center Meals?

Yes

No

Section B: (complete only if you do not receive lunch program)

HOUSEHOLD INFORMATION:

1. How many persons are living in your household? (A household is defined as the persons currently living in the address you provided in the information above, inclusive of children and or dependents) _____
2. What is the total gross monthly income for all family members in the household over age 18? \$ _____
(Please provide the last **two** current copies of source of income, i.e., most current check stubs, tax returns)
3. Is your monthly income generated from welfare, child support, alimony and/or social security:
Yes No

4. List the name(s) and date(s) of birth for all family members over the age of 18 (must have a copy of Valid ID for verification) and list all name(s) and date(s) of birth for all minors in the household.

<u>Adult's Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Program interested in enrolling</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all statements on this application are true and correct and that I can verify this information if requested to do so. I understand that the City of Patterson Scholarship is a privilege and not a right, and that is subject to the income verification statements submitted by me. I also understand that the scholarship will only pay for up to \$100 of my program fees, and I am responsible for paying the balance of the program fees directly to the City of Patterson prior to the start of the program in which my child is to participate. I understand that if any statements submitted are later determined to be inaccurate, it may immediately terminate my child's privilege to benefit from this program. I also understand the participant may be withdrawn from the program and become ineligible for future scholarships due to "no show", excessive absences or excessive late withdrawals. I will abide by the requirements of the Scholarship Agreement.

Signature of applicant/parent/guardian

Date

RECREATION SCHOLARSHIP PROGRAM:

Drop-off, Mail your application to:

City of Patterson
Attn: Scholarship Program
Recreation & Community Services Department
1033 W. Las Palmas Ave.
Patterson, CA 95363

Questions? Johnny Nguyen, (209) 895-8093 or jnguyen@ci.patterson.ca.us
Yvette Zarate, (209) 895-8087 or yzarate@ci.patterson.ca.us