



Administration Use Only

Date Received: _____ Initials: _____

Account Verified: Initials: _____
*City Home Address Confirmed

YOUTH SCHOLARSHIP APPLICATION

FOPAR offers scholarships to children of income-qualified families residing within the City of Santa Cruz. Priority will be given to applicants who can show proof of current enrollment in *MediCal*. Interested guardians should fill this application out completely, attach a home address verification document, and either email it to parksandrec@santacruzca.gov or deliver to: 323 Church St., Santa Cruz, CA 95060.

Be sure to include:

- Completed Application
- Address Verification Document
- Copy of MediCal Benefit Card (if applicable)

This form must be complete or it will not be accepted. To be eligible for a scholarship, applicants must have an existing WebTrac account. Verified city resident status is required. Successful applicants will be contacted by email, and a credit will be applied to the family member's account for the amount awarded. You will be responsible for registering your child in the program online, by mail, in-person or by phone. Program enrollment is first-come, first-served.

Parent's Name _____ Address _____

City _____ State _____ Zip Code _____ Email (required) _____

Household Size _____ No. of dependent children _____ Phone (home) _____ (work) _____

Household Annual Income _____ Season _____ Year _____
(must be below \$102,032)

Ethnicity (check all that apply): Asian/Pacific Islander Black/African American White (Not of Hispanic Origin)
 Hispanic/Latinx Native/Indigenous American Multi-Ethnic Not Specified

If you do not normally qualify for a scholarship due to not meeting annual income requirements, please describe any extenuating circumstances that your family has experienced this year: _____

Please list all participants applying for scholarships

THIS TABLE MUST BE COMPLETELY FILLED OUT

Course #	Participant Name	M/F	Birth Date	Course Title	Fee



Please provide any additional information below.

By signing below, I acknowledge that the information I provided is accurate, true, and correct and that my household income IS LESS THAN \$102,032/year, which is the average median income for Santa Cruz County.

Signature _____ Date _____

Approved By (Initials) _____

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Participant Name: _____ Amount Awarded \$ _____ Scholarship Type _____

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