



2729 Prospect Park Dr. suite 230
 Rancho Cordova, CA 95670
 916-842-3300 | www.crpdc.com

Children’s Funding Assistance Application - 2018

PROCEDURE - It is the goal of the District to allow all individuals who live in our District to participate in our programs. We do not wish to exclude family’s due to income; however, scholarship funds are limited. The Children’s Funding Assistance will continue to be available to families who qualify as long as funds are available. Funding is currently limited to \$2,500 for the fiscal year of July-June and is administered on a first come first served process for children 18 years and younger.

Prior to registering for a program, completed applications must be submitted for review and processing to the District Administration Office with supporting documentation for approval. If you have any questions or need assistance completing the application, please contact Gail Bair, Administrative Specialist at 916-842-3300. Scholarship applications will be reviewed and processed within 5-10 business days. Not all programs are eligible for the scholarship; please check with a CRPD office staff member for eligibility before applying. The scholarship funds are awarded on a case-by-case basis.

ELIGIBILITY GUIDELINES

1. Must have completed scholarship application.
2. Must be a resident of the Cordova Recreation and Park District and demonstrate proof of residency (utility or phone bill, Driver’s License or Identification Card, Tax Assessment, etc.).
3. Must provide one month of the household’s current pay stubs (i.e. Cal Works, unemployment, Social Security, 1040 Federal Income Tax Return). If the total household income is the same or less than the amounts on the income scale at the bottom, household members may be eligible for discounts on selected recreational programs offered by the District. Household means a group of related or non-related individuals living as one economic unit and sharing living expenses, such as rent, clothes, food, medical, and utility bills. District officials, prior to and during any recreation program, may verify information on the application at any time. Head of household may be asked to provide supplemental household information to verify income and/or other criteria.
4. Cordova Recreation & Park District will make every effort possible to ensure confidentiality amongst scholarship applicants. Information provided by applicants will only be provided to District staff as required, and shall only be used to determine eligibility for the Scholarship Program.
5. Eligibility for fee assistance shall only be granted on a fiscal year basis (July 1-June 30). Applicants must re-apply each year to receive continuing financial assistance through the Children’s Funding Assistance Program.
6. Approved scholarship participants will not be separately identified nor shall they be treated any differently than any other general member that paid full price to participate in a District program. Participants shall not be discriminated against because of race, sex, color, national origin, age, sexual orientation or disability.
7. Up to 100% of the activity fee may be provided for eligible low-income individuals/families or in special case circumstances, such as sudden, unexpected short-term loss of income. Funding is granted on a first come first served basis. A new application is required for each program support request.

Household size	Annual	Monthly
1	\$24,300	\$2,0252
2	\$27,800	\$2,317
3	\$31,250	\$2,604
4	\$34,700	\$2,892
5	\$37,500	\$3,125
6	\$40,300	\$3,358
7	\$43,050	\$3,588
8	\$45,850	\$3,821

Please complete the following information:

Application and support documents must be received at least 5-10 working days prior to the start of the requested program.



Cordova Recreation & Park District

2729 Prospect Park Drive, Suite 230 Rancho Cordova, CA 95670

Phone: (916) 842-3300 | Fax: (916) 573-3622 | gbair@crpd.com

CRPD Children's Funding Assistance

Parent/Guardian Name: _____
Last First

Address: _____ City: _____ Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

HOUSEHOLD MEMBER INFORMATION

Last Name	First	Birthday	Grade
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

HOUSEHOLD INCOME INFORMATION

Please list all household members who contribute to the total household income, and indicate the amount and source of MONTHLY INCOME each member received last month. If the amount of last month was more or less than usual, enter the usual monthly income.

Last Name, First	Gross Earnings from work (before deductions) include all jobs	Pension, Retirement, Social	Cal Works, Child Support, Alimony Payments	All Other Monthly Income	Total Monthly Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

I certify that all the above information is true and correct and that all income is reported. I understand this information is given for the receipt of reduced fees on District programs and that District officials may verify the information on the application at any time. This verification may include contacting employers to determine income or benefits and checking the documentation produced by household members to prove the amount of income received. Deliberate misrepresentation of the information on this form may subject me to disqualification from Children's Funding Assistance program.

Parent/Guardians who do not fall into the low-income categories above, but are faced with a temporary financial hardship are also eligible for up to 100% of the activity fee to be waived. Please use the bottom of this form or an additional page to explain.

Signature of Household Member Completing this form

Date

District Use Only

Household Name: _____ Household Size: _____

Approved Denied Comment: _____

District Staff Initials: _____ Date: _____