Recreation & Parks Camp Yu-Chi <u>OR</u> Doyle Camp Scholarship Application 2018



The scholarship program gives families in need the opportunity to participate in Recreation & Parks programs. Funds are raised through the Department's annual fundraising events, such as the St. Patrick's Day 5K and from individual contributions received from donors throughout the year.

Eligibility Requirements: Family must live within Santa Rosa City limits and/or Santa Rosa City Schools District, and must show proof of receiving at least one of the following:

- 1. Social Security Supplemental or Disability Income.
- 2. Public assistance through the Sonoma County Human Services Department, i.e., Temporary Assistance for Needy Families (TANF) or Food Stamps.
- 3. Free lunch assistance through the local schools.
- 4. Public assistance through the City of Santa Rosa Housing Authority.
- 5. Medi-Cal or Medicare Benefits Card.

How to Apply:

Fill out the application and bring it to one of the following locations:

Location	Address	Phone Number	Hours
Finley Community Center	2060 West College Ave	(707) 543-3737	Mon-Fri 8:30am-4:30pm
Finley Aquatic Center	2060 West College Ave	(707) 543-3760	Mon-Fri 8:30am-4:00pm
Ridgway Swim Center	455 Ridgway Ave	(707) 543-3421	Mon-Fri 9:00am-4:00pm
Steele Lane Center	415 Steele Ln	(707) 543-3282	Mon-Fri 8:30am-4:30pm

How the program works:

Families may receive up to one (1) \$130 scholarship per child - per year, while funding is available. When you present your completed application, **show our staff the current documentation** from the agency which administers your assistance.

Be prepared to register for the camp and pay the difference of \$40 at the time you turn in the application. You must pay the balance at the time of registration.

Please note: Scholarship funds may only be used for Camp Yu-Chi or Doyle Adventure Camp offered through the Recreation & Parks Department. They are not redeemable for cash. We process scholarships once annually per family, so all registrations must be completed at the time the scholarship is approved.

Head of Household/Main Family Contact:					
Last Name:	First Name:	Birthdate:	□ M □ F		
Address:		Zip:			
Email address:	Main Phone:	Alt Phone:			
List all family members receiving a scholarship:					
Last Name:	First Name:	Birthdate:	□ M □ F		
Last Name:	First Name:	Birthdate:	□ M □ F		
Last Name:	First Name:	Birthdate:	□ M □ F		
Last Name:	First Name:	Birthdate:	□ M □ F		
The undersigned, in consideration of participation in this program, agrees to indemnify and hold the City of Santa Rosa harmless and release the City of Santa Rosa, its officers, employees, and agents from any and all liability for any injury arising out of, or in any way connected with participation in this program. I HAVE READ THE ABOVE APPLICATION AND AGREEMENT, AND FULLY UNDERSTAND THAT I ASSUME ALL RISK FOR ANY INJURIES RECEIVED. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature: Date: Self Parent Guardian For office use only: Date: Approved: Yes No Approved by:					
<u> </u>	l or Disability Income e Sonoma County Human Services Depa e City of Santa Rosa Housing Authority		mps)		