California State Parks
Santa Cruz
Junior Lifeguard Program
2015

STATE PARK USE ONLY
HOUSEHOLD SIZE _____ INCOME $ _____
ELIGIBILITY DETERMINATION:
FS/AFDC/FDPIR _____ TEMPORARY UNTIL _____
FREE _____ REDUCED PRICE _____ DENIED _____
DETERMINING OFFICIAL _____ DATE _____

APPLICATION FOR FREE OR REDUCED TUITION

- This application must be accompanied by Junior Lifeguard Program Application.
- All information supplied is confidential.
- This application cannot be approved unless it contains complete eligibility information.
- You are required to submit a copy of your most recent Federal Tax form or complete section IV.
- Assistance is limited to available funds on first come first served basis during open enrollment.

→ *I. ALL HOUSEHOLDS COMPLETE THIS SECTION*

STUDENT INFORMATION	SEX	FOOD STAMP (FS), AFDC, or FDPIR BENEFITS	FOSTER CHILD?
_____ Last Name First Name Middle Name _____ Street City Zip Phone	M or F ____	If yes, enter the type and the case number _____ #_____	YES ❒ NO ❒ If yes, enter youth's monthly use income $ _____

List the names and ages of all persons claimed as dependents on your most recent Federal Tax Form

NAME	AGE	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

→ *II. HOUSEHOLD MEMBERS AND MONTHLY INCOME: IF YOU ENTERED A FOOD STAMP, AFDC, OR FDPIR CASE NUMBER FOR YOUR CHILD, SKIP TO SECTION III.*

List all adult household members and indicate the amount and source of Monthly Income "EACH" household member received last month. If any amount last month was more or less than usual, enter the "USUAL" monthly income.

Last Name First Name	Gross Earnings from work (before deductions) Include all jobs	Pension, Retirement, Social Security	Welfare Benefits, Child Support, Alimony Payments	Any Other Monthly Income	STATE USE ONLY Total Monthly Income
1. _____	$ _____	$ _____	$ _____	$ _____	$ _____
2. _____	$ _____	$ _____	$ _____	$ _____	$ _____
3. _____	$ _____	$ _____	$ _____	$ _____	$ _____
4. _____	$ _____	$ _____	$ _____	$ _____	$ _____
				Grand Total	$ _____

→ *III. ALL HOUSEHOLDS READ AND COMPLETE THIS SECTION*

A copy of your latest Federal Tax Form must be attached, or complete section IV in detail.

❒ **I / We have attached a copy of our most recent Federal Tax Form.**

❒ **I / We did not file a Federal Tax Form last year. (Go to section IV and complete in detail)**

→ *IV. IF YOU FILED A FEDERAL TAX FORM, SKIP TO SECTION V*

INCOME SOURCE	MONTHLY INCOME	# OF MONTHS RECEIVED
Unemployment compensation		
Social Security		
Child Support		
AFDC or FDPIR		
Food Stamps		
Vocational Rehabilitation		
Veterans Payments		
Other Student Aid		
Other Income		
(Please specify Other Income in this space)		
	TOTAL MONTHLY INCOME	$ _____
	TOTAL ANNUAL INCOME	$ _____

→ *V. ALL HOUSEHOLDS READ AND COMPLETE THIS SECTION*

Applications for free and reduced tuition may be submitted at any time during an active program enrollment period. Children participating in the Tuition Assistance Program will not be overtly identified by California State Parks or the Junior Lifeguard Program in any manner.

Unless your child's Food Stamp, AFDC , or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Providing CALIFORNIA STATE PARKS with a social security number is not mandatory, however, if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in efforts to verify the correctness of the information stated in the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of assistance or legal actions if incorrect information is reported.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of CALIFORNIA STATE PARK funds; that CALIFORNIA STATE PARK officials may verify the information on the application and that deliberate misrepresentation of this information may subject me to prosecution under applicable Sate and Federal Laws.

→ _____ _____ → _____

Signature of adult household member competing this form **Date**

Printed Name _____ **Home Phone** _____ **Work Phone**_____

Mailing Address _____ **City** _____ **California, Zip Code** _____

→ *VI. RACIAL AND ETHNIC IDENTIFICATION OF CHILD IS VOLUNTARY.*

Ethnicity: **Hispanic** ❒, **White** ❒, **Black** ❒, **Filipino** ❒, **American Indian** ❒, **Asian or Other** ❒, **Decline to State** ❒