



California State Parks JUNIOR LIFEGUARD PROGRAM Scholarship Application

APPROVED: <input type="checkbox"/>
NOT APPROVED: <input type="checkbox"/>
REASON: _____

REVIEWED BY: _____

The purpose of the State Park Junior Lifeguard Program Scholarship Fund is to give households that are challenged by program fees the opportunity to participate in the Junior Lifeguard Program. The Scholarship Fund is limited by the amount of available monies that are raised through donations and fund-raisers. Applications are reviewed during active enrollment periods and are approved on a first come first served basis. All information provided on the Scholarship Application is kept strictly confidential.

PARTICIPANTS NAME: _____ DATE OF BIRTH: _____
AGE: _____

HOME ADDRESS: _____

NAME OF PERSON FILLING OUT APPLICATION: _____

RELATIONSHIP TO PARTICIPANT: MOTHER
 FATHER
 LEGAL GUARDIAN
 OTHER: _____

YOUR ADDRESS: _____ PHONE: _____
_____ EMAIL: _____

PROGRAM YOU ARE INTERESTED IN: _____
 Session 1 Session 2

HAVE YOU APPLIED FOR A SCHOLARSHIP BEFORE? YES NO

TYPE OF SCHOLARSHIP YOU ARE APPLYING FOR:
 FULL (100% Tuition Waived)
 PARTIAL (50% Tuition Waived)

TOTAL HOUSEHOLD INCOME: \$ _____

TOTAL NUMBER OF PEOPLE IN YOUR HOUSEHOLD: _____

PLEASE ATTACH A COPY OF YOUR PREVIOUS YEARS' Federal Tax Return. TO THIS APPLICATION. *MAKE SURE TO BLANK OUT YOUR SOCIAL SECURITY NUMBER and all other confidential information.*

PLEASE STATE REASON FOR APPLYING FOR SCHOLARSHIP:
(Use the back of this form if you need)

Please include: If the household is currently receiving any of the following, the youth qualifies for Free or Reduced Price Meals or Free Milk School Program; Food Stamps, Aid to Families with Dependent Children (AFDC), or benefits from the Food Distribution Program on Indian Reservations (FDPIR).

The information I have provided is true and correct: _____
Signature Date:

A series of horizontal lines for writing, consisting of 30 evenly spaced lines filling the page.