## California State Parks Junior Lifeguard Program 2021

STATE PARK USE OF	NLY
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, if you do not file taxes complete section IV.
  - Assistance is limited to available funds on first come first served basis during open enrollment.

## → I. ALL HOUSEHOLDS COMPLETE THIS SECTION

ST	UDENT INFORM	IATION		SEX	AFC	D STAMP (FS), DC, or FDPIR BENEFITS	FOSTER CHILD?
Last Name	First Name	Midd	dle Name	M or F		enter the type and case number	YES NO I
Street	City	Zip	Phone		#		monthly use income
List the nar		all persor	ns claimed a			our most recent Fe	
1	NAME			AG 	<b>E</b> 	REL/	ATIONSHIP
				<del></del>			<del>-</del>
4							
5			<del></del>		<del></del>		<del></del>

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

household	l member r		d indicate the amou nth. If any amount				STATE USE ONLY
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	Total Monthly Income
1			\$	\$	\$	\$	\$
2			\$	\$	\$	\$	\$
3			\$	\$	\$	\$	\$
4			\$	\$	\$	\$	\$
						Grand Total	\$

A copy of your la	itest Federal Tax Form must be	HIS SECTION attached, or complet	te section IV in detail.
	I a copy of our most recent F	<u> </u>	
☐ I / We did not file a F	ederal Tax Form last year. (	Go to section IV and	d complete in detail)
V IF YOU FILED A FE	DERAL TAX FORM, SKIP 1	O SECTION V	
INCOME SOUF		ITHLY INCOME	# OF MONTHS RECEIVE
Unemployment compensatio	n		
Social Security			
Child Support			
AFDC or FDPIR			
Food Stamps			
Vocational Rehabilitation			
Veterans Payments			
Other Student Aid			
Other Income			
(Please specify Other Incom	ne in this space)		
	TOTAL NO	ATLU VINIONE	
	4	NTHLY INCOME	\$
	TOTAL ANI	NUAL INCOME	<b>\$</b>
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