



City of Patterson Recreation & Community Services

RECREATION PROGRAM SCHORLARSHIP APPLICAITON

We offer financial scholarships to eligible Patterson residents through our Recreation Scholarship Program provided by Patterson Recreation Health, Wellness and Fitness Fund. Eligibility in our Scholarship Program provides families that are challenged financially the opportunity to enroll their family members (18 years and under) into our program free of charge up to \$100. Families can enroll by meeting the criteria for eligibility or income level restrictions.

Submitting an application **does not** guarantee space in the requested program; please include a completed registration form and waiver with your application.

Criteria for Eligibility

1. Has the applicant(s) been awarded the Scholarship prior year? Yes No If yes, please indicate what year?
2. Patterson resident: Currently living within The City of Patterson as a resident.
3. Check off eligibility and enrollment in one or any that applies of the following program:
 - Free/Reduced Lunch Program through Patterson Joint School Unified School District **OR**
 - CalWORKS (California Work Opportunity and Responsibility to Kids **OR**
 - Household participates in California Medi-Cal Program **OR**
 - Social Security **OR** Food Stamps (CalFresh/SNAP Benefits **OR** General Assistance **OR**
 - Less than 100% of Federal Poverty Level (refer to 2020 Federal Poverty Guideline Chart)

There is a maximum scholarship amount of \$100 per participant per family per fiscal year one time registration

GIVE BACK TO OUR COMMUNITY: Every youth who participates in our scholarship program will have the opportunity to participate in recreation activities, classes or sports and give back to the Patterson Community by participating in our Take Pride Patterson Program.

Take Pride Patterson: Team Up! To Clean Up! All Clean ups from 8:00AM – 10:00AM

Please select the clean-up of your choice: Dates and locations to be determine.

Include all family members and siblings that you are requesting a scholarship for.

First and Last Name	Age	Program/Activity	Event ID #	Cost
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian Name Day Phone:

Address Cell Phone:

City State Zip Code

Email:

2020 Federal Poverty Guideline Chart:

Number of People in Household	100% FPL Annual Gross
1	\$12,490 or less
2	\$16,910 or less
3	\$21,330 or less
4	\$25,750 or less
5	\$30,170 or less
6	\$34,590 or less
7	\$39,010 or less
8	\$43,430 or less
Add this amount for each additional person	\$4,420

* Federal poverty level as determined by the U.S. Department of Health and Human Services

I hereby certify that the information is true and correct to the best of my knowledge. I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

Signature _____

Date _____

----- **OFFICE USE ONLY** -----

Date received: _____

Reviewed by: _____

Approved Denied

If Denied, explanation: _____

