



# After School Sports Youth Scholarship Application

for more information call 650.780.7311

## AFTER SCHOOL SPORTS YOUTH SCHOLARSHIP ASSISTANCE GUIDELINES

1. The After School Sports Youth Scholarship fund is limited to Redwood City Residents (including un-incorporated) only. *Applicants must show proof of residency in the form of Driver's License, I.D Card, or utility bill.*
2. Eligible age: Youth and Teens up to age 18.
3. Scholarships/Payment plans only available for After School Sports programs with registration fees above \$75.00.
4. The parent/guardian must complete the application and verify economic need in the form of:  
**The past year's 1040 Tax Return**  
**2 recent pay stubs**
5. Scholarships will be considered in the following range: 25% to 75%
6. Additional information or income verification may be requested to process the application.
8. After School Sports Refund Policy applies to all applicants. Note: Youth Golf Program Refund Policy is different from After School Sports Refund Policy.

## HOW TO COMPLETE THE APPLICATION

1. Complete application on back page in its entirety, including the signature.
2. If you are receiving any kind of financial government assistance, please indicate this on the application.
3. Return application with a Youth Sports Registration Form to Red Morton.  
Community Centers.  
Red Morton Community Center  
1120 Roosevelt Ave.  
Redwood City, CA 94061
4. Please note that submitting an application does not confirm your enrollment into a program or guarantee a scholarship.
5. The applicant will be contacted within 3 working days of submitting the application regarding approval of this scholarship request. Please be advised that a delay in submitting this application could result in the applicant not getting into a program/class that fills quickly. Call 780-7311 for information.



City of Redwood City Parks, Recreation and Community Services

# After School Sports Youth Scholarship Application

Circle Season: Winter Spring Summer Fall \_\_\_\_\_(year)

Parent Name: \_\_\_\_\_  
last first phone

Address: \_\_\_\_\_ RWC  
street # city zip

Applicant's relationship to participant: parent guardian Other: \_\_\_\_\_

Have you enrolled in our scholarship program in the past? (circle one) yes no

Do you receive AFDC/Calworks support? yes no

Is Social Security income your family's only source of income? yes no

What is your family annual gross income (before expenses and taxes)? \$ \_\_\_\_\_

How many individuals in your family (including yourself) are supported by your income? \_\_\_\_\_

Please state the circumstances that you feel qualify you for the scholarship program: \_\_\_\_\_

**MONTHLY INCOME:**

**PARENT 1**

**PARENT 2**

Net Income from self employment \$ \_\_\_\_\_ \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_ \$ \_\_\_\_\_

Public Assistance/Welfare \$ \_\_\_\_\_ \$ \_\_\_\_\_

Unemployment / disability \$ \_\_\_\_\_ \$ \_\_\_\_\_

Worker's Compensation \$ \_\_\_\_\_ \$ \_\_\_\_\_

Alimony and/or child support \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other (i.e. rentals, royalties, etc.) \$ \_\_\_\_\_ \$ \_\_\_\_\_

SUBTOTAL \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL OF BOTH PARENTS** \$ \_\_\_\_\_

***I verify that the above information is correct:***

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date Processed: \_\_\_/\_\_\_/\_\_\_ Forgiven% \_\_\_ Class# \_\_\_ Class Name: \_\_\_\_\_ Approval Reason (check)

Supervisor's Initials: \_\_\_\_\_ Forgiven% \_\_\_ Class# \_\_\_ Class Name: \_\_\_\_\_ AFDC \_\_\_\_\_

Processed By: \_\_\_\_\_ Forgiven% \_\_\_ Class# \_\_\_ Class Name: \_\_\_\_\_ SSI \_\_\_\_\_

1040 \_\_\_ 2 pay stubs \_\_\_ Total Due: \_\_\_\_\_ Payment Plan: (circle) yes no Income Criteria \_\_\_\_\_

Terms: \_\_\_\_\_ Payment: \$ \_\_\_\_\_ Pmt Date: \_\_\_\_\_ Payment Plan \_\_\_\_\_

Denied Because: \_\_\_\_\_ Notified by: \_\_\_\_\_ Date: \_\_\_\_\_