



APPLICATION FOR RECREATION SCHOLARSHIP

*Proof of Colton Residency and Income Qualification must be attached to application.
Applicants may apply once every three months.*

Date of Application:	
City Program/Class to which Scholarship will be applied:	
Date(s) of Program/Class:	
Cost of Program/Class: \$	Amount Applied For: \$

PARTICIPANT INFORMATION

PARTICIPANT NAME:		Date of Birth:
Address:		Apt. #:
City:	State:	Zip Code:
Home Telephone:	Emergency Telephone:	
Name of School:		

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME:		
Address:		Apt. #:
City:	State:	Zip Code:
Email Address:		
Home Telephone:	Alternate Telephone:	

FAMILY INFORMATION

How many family members are there in your home? (adults + children):
What is your monthly gross family income from all sources? (including support payments): \$
Do your children participate in the school lunch program?
Do any of your children participate in the City of Colton's childcare program?

Please list other City programs in which members of your family participate

Name of Participant	City Program
1.	
2.	

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION

By signing below, I do hereby certify that all information provided in this document is true and accurate, to the best of my knowledge. I understand that inaccurate information provided will result in the denial of this application. I also give consent to the City of Colton to obtain any and all information they deem necessary to verify the details provided in this application. I hereby agree to indemnify and hold harmless the City of Colton and its officers, agents and employees from any liability or claim or action for damage resulting from or in any way arising out of this application or participation in listed City programs.

Signature of Parent/Guardian: _____ **Date:** _____

FOR OFFICE USE ONLY			
Information verified and attached Staff Initial Date		Approval Process	
		Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Rec'd:
		Amount	Issued: