



Recreation Program Scholarship Application for the Gabriel Memorial Fund

for more information call 650.780.7311

YOUTH SCHOLARSHIP ASSISTANCE GUIDELINES

1. The Gabriel Fund Scholarship is limited to Redwood City Residents (including unincorporated) 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. Classes that are NOT held at the City of Redwood City's recreational facilities or Redwood City public school sites are not eligible for scholarships.
4. Swim lessons are not eligible through the Parks & Recreation Department. Please check directly with the provider.
5. Scholarships are issued for registration fees only and not for lab fees, supplies, or admission costs for field trips and excursions.
6. 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**
7. Scholarships will be considered in the following range: 25% to 75%
8. Additional information or income verification may be requested to process the application.
9. City Refund Policy applies to all applicants.

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 Redwood City Class Registration Form to Red Morton or Sandpiper Community Centers.

Red Morton Community Center Sandpiper Community Center
1120 Roosevelt Ave. 797 Redwood Shores Parkway
Redwood City, CA 94061 Redwood City, CA 94065

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.

NOTE: The Gabriel Memorial Fund was established in memory of Gabriel Blondino. It was intended to help subsidize youth and teens who need financial assistance to participate in a City-sponsored recreation program. Since there is limited funding available for recreation scholarships from the Gabriel Fund, we ask that you apply only if there is financial need.



City of Redwood City Parks, Recreation and Community Services Recreation Program Scholarship Application

Circle Season: Winter Spring Summer Fall _____(year)

Applicant 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 _____
Denied Because: _____	Terms: _____	Payment: \$ _____ Pmt Date: _____	Payment Plan _____
	Notified by: _____	Date: _____	