

SCHOLARSHIP FORM July 2015 - June 2016

Claremont Human Services 1700 Danbury Rd., Claremont CA 91711 (909) 399-5490

Monday-Thursday 8 am to 9 pm ◆ Friday 8 am to 6 pm Saturday 8 am to 2 pm ◆ Sunday Closed

Office Use Only Date Received: Income Verification: ☐ Yes ☐No Resident Verification:☐ Yes ☐No				
APPLIED FOR: □Child. □Rec.				
APPROVED □Yes □No				
Staff Certification				
Date Notified				

CERTIFICATION OF ELIGIBILITY FOR SCHOLARSHIP

Please check & circle which program(s) your child is applying a scholarship for:

□ ABC Preschool and Tiny Tots: Scholarship rate for ABC Preschool and Tiny Tots Programs will be on a "sliding fee" scale discount off the total fee of the program/activity. Expires on 6/30/16 (See Program Information sheet for more details). □ General Recreation Programs: Recreation Classes, Camp Claremont, and Aquatics Scholarship rate for General Recreation Programs is 50% of class fees up to a maximum of \$480 per year per child. Expires on 6/30/16 or when funds are exhausted.					
Parent/Guardian's Name					
	La	st Fi	rst	Middle	
Addr	ess City Zip	Phone #	E-Mail	Birthday	
Emergency Contact Name					
	La	st Fi	rst	Relationship	
Names of people living at your address including self School Birth Date					
* Please circle the child's name(s) that will be using the youth scholarship. TOTAL MEMBERS LIVING AT YOUR ADDRESS GROSS INCOME RESOURCES OF FAMILY Report monthly gross income of all income earners in your home.					
	Source	Amount		Verification	
	Money, Wages, or Salary Social Security Public assistance/Welfar Unemployment/Disability Alimony/Child support Other Income	y			
Sign	oturo	Relationship to (Child(ron)	Date	