



Scholarship Application

Concord Residents Only

Resident Parent/Legal Guardian Last Name
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Please fill out this form **COMPLETELY** if you are interested in receiving financial assistance from Concord Recreation Services for its programs. **Incomplete applications will cause a delay in processing.**

Scholarships are based on several factors and this form is not a guarantee of financial assistance.

What language do you prefer for correspondence? <input type="checkbox"/> English <input type="checkbox"/> Spanish		Total number of people in household		Annual household income			
Youth Scholarship Applicant (ONE FORM PER CHILD)							
Applicant Name			Date of Birth (mm-dd-yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		
Parent/Legal Guardian Information							
Name of Parent or Legal Guardian #1 (Required if applicant is a minor)			Name of Parent or Legal Guardian #2 (Required if applicant is a minor)				
Relationship to Applicant			Relationship to Applicant				
Street Address, City, State, Zip			Street Address, City, State, Zip				
Phone		Alternate Phone		Phone			
Email		Email					
Select all programs for which you are requesting scholarship funds. (Refer to the 2024 Summer Camps & Swim Activity Guide for Class #s.)							
<input type="checkbox"/> Group Swimming Lessons, 10mos-14yrs (max. 3 sessions)		Session Selection 1 - Class #	Session Selection 2 - Class #		Session Selection 3 - Class #		
<input type="checkbox"/> Splash Camp, 8-14yrs (max 1 camp)		Session Selection 1 - Class #					
<input type="checkbox"/> Lil' Explorers, 2-5 yrs (max 1 camp)		Session Selection 1 - Class #					
<input type="checkbox"/> Backyard Explorers, entering grades K-5 th (max. 2 camps)		Session Selection 1 - Class #		Session Selection 2 - Class #			
<input type="checkbox"/> East Bay Explorers, entering grades 5 th -8 th (max. 2 camps)		Session Selection 1 - Class #		Session Selection 2 - Class #			
<input type="checkbox"/> Counselor in Training, 12-15 yrs (max. 1 camp)		Session Selection 1 - Class #		Session Selection 1 (2 nd Choice) - Class #	Session Selection 1 (3 rd Choice) - Class #		
Why would you like your child to attend the program(s) you selected? Please use additional paper if needed.							
CERTIFICATION			Attach the following documents to your Application:				
<p>I (We) hereby certify that the enclosed information is true and correct to the best of my (our) knowledge. I (We) acknowledge and understand that the information provided here will be relied upon for purposes of determining my (our) eligibility to receive a scholarship from the City of Concord's Community & Recreation Services Department and that any material misstatement, fraudulently or negligently made in this or in any other statement made by me (us) may result in the denial of my (our) eligibility to receive a scholarship.</p>			<input type="checkbox"/> 1. Proof of Residency (see list) <input type="checkbox"/> 2. Proof of Income: Copy of Letter of Award (see list) <input type="checkbox"/> <u>OR</u> Copy of 2023 Tax Return				
_____ Parent/Legal Guardian #1 Signature			Submit Your Application:				
_____ Parent/Legal Guardian #2 Signature			<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"> By Mail: Concord Recreation Services Attn: Youth Scholarship Program 1950 Parkside Drive, MS/01A Concord, CA 94519 </td> <td style="width: 50%; padding: 2px;"> In Person: City Hall – Wing A Attn: Youth Scholarship Program 1950 Parkside Drive Concord, CA 94519 </td> </tr> </table>			By Mail: Concord Recreation Services Attn: Youth Scholarship Program 1950 Parkside Drive, MS/01A Concord, CA 94519	In Person: City Hall – Wing A Attn: Youth Scholarship Program 1950 Parkside Drive Concord, CA 94519
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_____ Date			Applications will be screened for minimum qualifications, and scholarships will be awarded on a first-come, first-served basis pending program and funding availability.				
_____ Date			FOR STAFF USE ONLY				
REC'D _____		<input type="checkbox"/> IN PERSON <input type="checkbox"/> RES <input type="checkbox"/> MAIL <input type="checkbox"/> INC		ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO TEAM _____			
					REGISTRATION OFFICE		