



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
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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	Alternate Phone
Email		Email	

List name(s) of family members requesting scholarship		Program (indicate 1st & 2nd choice)	
Applicant Name		1st Choice Program Name	Class #
Date of Birth (mm-dd-yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	2nd Choice (if 1st choice is unavailable)	Class #
Applicant Name		1st Choice Program Name	Class #
Date of Birth (mm-dd-yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	2nd Choice (if 1st choice is unavailable)	Class #
Applicant Name		1st Choice Program Name	Class #
Date of Birth (mm-dd-yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	2nd Choice (if 1st choice is unavailable)	Class #

Why would you like to attend the program you selected? Please use additional paper if needed.

CERTIFICATION	
<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>	
_____ Parent/Legal Guardian #1 Signature	_____ Date
_____ Parent/Legal Guardian #2 Signature	_____ Date

Attach the following documents to your Application:	
<input type="checkbox"/> 1. Proof of Residency: Copy of current utility bill <input type="checkbox"/> 2. Proof of Income: Copy of Letter of Award (see list) OR Copy of 2022 Tax Return	
Submit Your Application:	
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
Applications will be screened for minimum qualifications, and scholarships will be awarded on a first-come, first-served basis pending program and funding availability.	

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
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