CHULA VISTA PARKS & RECREATION DEPARTMENT
SCHOLARSHIP APPLICATION

The City of Chula Vista is offering scholarships for families with economic challenges to help subsidize costs of recreational activities. Scholarships are issued to youth whose families meet the income eligibility guidelines and are residents of Chula Vista. Applications will be accepted for any **youth under the age of eighteen (18)** for any classes listed on CivicRec.

All scholarship applications must be submitted by a parent/legal guardian of the participant(s) (under the age of 18), along with a completed class registration form, proof of residency and verification of income as proof of qualification. Selected families will receive a scholarship for up to **$100 per child, bi-annually**. Only one application per child from July to December and one application from January to June. **Two applications per child per year**. Once scholarships are awarded, the parent/legal guardian must register children for the class.

Scholarship funding is limited and contingent upon annual monies received from **the FRIENDS of Chula Vista Parks and Recreation**. Scholarship applications are on a first-come, first served basis until the yearly allotment has been distributed in full. Unused scholarship funds will expire.

Email application packets to: RecAdmin@chulavistaca.gov
Submit in person at: Parks and Recreation Administrative Office - Building C
276 Fourth Ave, Chula Vista, CA, 91910
MON - THURS 9:00 am - 4:00 pm and FRI 9:00 am - 12:00 pm
Questions: (619) 409-5979

HOUSEHOLD and ANNUAL INCOME (Please list annual income below). For larger families, add $6,000 per additional family member. To qualify for a scholarship, the total household income must be the same or less than the amounts listed on the scale below.

Household Size	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
Annual Income	$60,6000	$68,200	$75,750	$81,850	$87,900	$93,950	$100,000	$106,050
Annual Household Income:								

Parent/Guardian Full Name:	**Date of Birth:**
Address:	**Zip Code:**
Email Address:	**Phone**:

FOR CITY STAFF ONLY	
PROOF OF RESIDENCY: Valid California Driver's License/Identification Card and one residency and income verification document.	
RESIDENCY VERIFICATION	**INCOME VERIFICATION**
☐Current Utility Bill ☐Current Monthly Mortgage Statement ☐Current Year Property Tax Statement ☐Rental/Lease Agreement & Current Month Rental Receipt	☐Current Paystub ☐IRS Tax Return ☐Social Security Proof of Income Letter ☐Social Security Award/Benefit Letter
STAFF INITIALS: _____	**DATE RECEIVED: _____TIME RECEIVED: _____**

REGISTRATION

NOTE: Fees for classes DO NOT include additional costs that may be required (i.e. ballet slippers, leotards, martial arts uniforms, tap shoes, materials fees, etc.)

CITY OF CHULA VISTA Parks & Rec

FILL OUT COMPLETELY - PLEASE PRINT

ADULT'S LAST NAME	FIRST	MI
Address	City	Zip
Home #	Cell #	Cell Carrier (to receive texts):
Email	Adult's Date of Birth:	

PARTICIPANT INFORMATION - PLEASE PRINT

*Does the participant need special accommodations for a successful experience? →

Location	Class Name	Season	Time	Participant's Last Name	First Name	MI	Sex	DOB	Fee	Y/N
Parkway	*Tap Dance I*	*Summer 5*	*4:35*	*Lopez*	*Juan*	*A*	*M*	*1/31/09*	*$35*	*N*

Please choose classes carefully, the NO REFUND Policy will be followed.

TOTAL FEES DUE $

READ, SIGN AND DATE WAIVER BELOW. Unsigned waivers will cause your registration to be returned unprocessed.

ACCIDENT WAIVER AND RELEASE OF LIABILITY (AWRL)

I _____(REGISTRANT), and I _____*(Registrant's PARENT or guardian), acknowledge that I shall defend, indemnify, and hold harmless the City of Chula Vista, its elected and appointed officials, employees, agents, contractors, and volunteers from and against any and all claims, demands, causes of action, costs, expenses, liability, loss damage or injury, in law or equity, to property or persons, including wrongful death, in any manner arising out of or incident to any alleged negligent acts, omissions or willful misconduct of Applicant and its respected officials, officers, employees, agents, contractors, and volunteers arising out of or in connection its use of the property designated. This indemnity provision does not include any claims, damages, liability, costs and expenses (including without limitations, attorneys' fees) arising from the sole negligence, active negligence or willful misconduct of the City, its elected and appointed officials, officers, employees, agents, contractors, and volunteers. Also covered is liability arising from, connected with, caused by or claimed to be caused by active or passive negligent acts or omissions of the Applicant and its respected officials, officers, employees, agents, contractors, volunteers, or any third party.

I hereby grant the City of Chula Vista, their legal representatives and assigns (including any agency, client, or publication), irrevocable permission to publish photographs of me taken at a City facility or event. These images may be published in any manner, including advertising, periodicals, greeting cards and calendars. Furthermore, I will hold harmless the City of Chula Vista, their representatives and assigns, from any liability by virtue of any blurring, distortion or alteration that may occur in producing the finished product, unless it can be proven that such blurring, distortion or alteration was done with malicious intent toward me. I have read this release and fully understand its contents.

REGISTRANT's / Parent or Guardian's Signature_____Date _____

Individuals who do not reside within the city limits of Chula Vista must pay the nonresident fee listed for each class. Failure to send correct amount could result in delay or denial of your priority class.

Make checks payable to "CITY OF CHULA VISTA." There will be a minimum service charge of $30 on all returned checks. Send your registration to the Recreation Department for all recreational classes. Be sure to indicate session number for all swimming classes.

RECREATION CLASSES: City of Chula Vista Recreation Department, 276 Fourth Avenue, Bldg. C, Chula Vista, CA 91910

FOR OFFICE USE ONLY: Amount Enclosed: $ _____CK/MO#_____CC (last 4) #_____ City Receipt #_____