RECREATION DEPARTMENT
7007 MOESER LANE
EL CERRITO, CA 94530
(510) 559-7000 /FAX (510) 528-9413

DAVID HUNTER MEMORIAL YOUTH SCHOLARHIP PROGRAM

The City of El Cerrito offers a limited number of scholarships supported by donations for its recreational and childcare programs to assist families in need of providing safe, high quality recreation and childcare programs for their children.

SCHOLARSHIPS:

Scholarships are offered in the form of a reduced payment for recreational and after-school enrichment classes and for childcare.

Scholarships granted may not exceed $150.00 per child one year from the initial award date for after-school enrichment and recreation classes. If funds are available, at the discretion of the Recreation Department Manager, a higher amount may be granted to a single family.

El Cerrito residents will be given priority over non-residents in the granting of scholarships when all other factors are equal.

You must pay a minimum of 25% co-payment for each activity or class that you sign-up for.

APPLICATION PROCEDURES:

To apply for a scholarship, fill out the attached form and submit one of the following:

1. Proof from the school district that your child is eligible for free or reduced price meals
2. Proof that your family is receiving Food Stamps, CalWORKS assistance, or TANF (Temporary Aid to Needy Families)
3. Proof that the child is a foster or institutionalized child
4. A copy of your last Federal Income Tax Return showing that you fall under the following income eligibility guidelines:

Household Size (including adults and children)	**Weekly**	**Monthly**	**Annually**
2	$387	$1673	$20,073
3	$486	$2105	$25,253
4	$586	$2537	$30,433
5	$685	$2968	$35,613
6	$785	$3400	$40,793
7	$885	$3832	$45,973
8	$984	$4263	$51,153
For each additional household member add:	$100	$432	$5,180

5. Written request to the Recreation Department Director stating your special situation

SCHOLARSHIP APPLICATION:
(Please fill out a separate application for each child.)

Name of Child: _____ Age: _____ Sex: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____ work/cell/other

School Child Is Attending: _____ Grade: _____

Qualification for Scholarship Award:
- ❑ Free or Reduced price meals at schools
- ❑ Receiving public assistance (circle one): Food Stamps CalWORKS TANF
- ❑ Foster or Institutionalized Child
- ❑ Income Below Guidelines
- ❑ Written request to the Recreation Department Manager

Please include any written documentation that shows how you qualify.

The undersigned, in consideration of participation in this program agrees to indemnify and hold the City of El Cerrito harmless, and release I from any and all liability, and necessary costs and expenses for any loss/damage to property or injury from any cause whatsoever regardless of negligence which may be suffered by the above-named individual registered in this program arising out of or in any way connected with participation in this program and/or use of the facilities.

_____ _____
Participant/Parent/Guardian Signature Date

What class or program do you want to apply this scholarship towards?

_____
_____
_____
_____
_____