



Scholarship Application Form 2018-2019

THE HAL BROWN SCHOLARSHIP PROGRAM

The Hal Brown Scholarship Program has been established for the purpose providing financial assistance to children from lower-income families making it possible for them to participate in high quality recreation programs. Scholarships are limited to children sixteen years of age and under who reside within the Ross Valley. Scholarship funds are based on availability. The San Anselmo Recreation Department reserves the right to adjust income guidelines or reduce the allotted amount per child as deemed necessary.

HOUSEHOLD SIZE	ANNUAL INCOME	MONTHLY INCOME
2	\$93,950 or less	\$7,829 or less
3	\$105,700 or less	\$8,808 or less
4	\$117,400 or less	\$9,783 or less
5	\$126,800 or less	\$10,567 or less
6	\$136,200 or less	\$10,188 or less
For each add'l person	+\$10,000	\$833

Funding Cycle:

Scholarships are granted on a fiscal year basis. The fiscal year begins on July 1, 2018 and ends on June 30, 2018. All scholarships will terminate on June 30, 2019. Scholarships cannot be applied to prior balances. Families who are interested in enrolling in summer programs that begin after July 1, 2018 may register beginning June 1st.

Application:

1. Complete the scholarship application form.
2. Complete the fee waiver worksheet with the signed waiver.
3. **Provide a copy of the most current state/federal tax forms. In the event that the applicant's income is such that he or she is not required to file taxes, a printed statement from Work Force Services or Cal Fresh stating the benefits the applicant receives, will be accepted.**
4. Submit the paperwork and allow 1 week for the Recreation staff to contact you.

Scholarships are based on the income of the household. In the case of legal guardianship or foster care the same state/federal tax forms of the household are required. The scholarship will be granted only if the household income is within the established guidelines. The San Anselmo Recreation Department does not recognize a child as an independent household.

Applications submitted without a copy of tax forms will be held for 30 days. At that time, if all required information has not been received, the application will be discarded, and it will be the responsibility of the applicant to re-apply.

Fees:

The participant is required to pay 50% of the registration fee. The scholarship will then pay the balance. Each scholarship recipient will receive a maximum of \$400 per family to be applied to programs offered through the San Anselmo Recreation Department. After the scholarship amount has been exhausted, the participant must either pay the required fee or withdraw from the program. Qualifying for scholarship funds does not guarantee that there will be an opening in the program being applied for.

It is the responsibility of the scholarship recipient to inform the San Anselmo Recreation Department of an increase in income which would exceed income guidelines as shown in the eligibility scale above. Applicants are responsible for the fees for all programs that he/she signs up for. In the event of no-shows for a program/event, the fees will still be deducted from the participant's scholarship allotment.

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Please submit with a Scholarship Fee Worksheet. Please attach all financial income documents.

Applicant Name _____ Spouse Name _____
Email _____ Cell Phone _____ Home Phone _____
Address _____ City _____ Zip _____
Have you received a scholarship for any San Anselmo Recreation activity in the past? Yes No

FAMILY DATA

Total household size: _____ Please name each individual in your household:
Name _____ age _____ relationship _____
Name _____ age _____ relationship _____
Name _____ age _____ relationship _____
Name _____ age _____ relationship _____
Name _____ age _____ relationship _____
Name _____ age _____ relationship _____

FINANCIAL INFORMATION

<input type="checkbox"/> Applicant's Gross Income	\$ _____	<input type="checkbox"/> Spouse's Gross Income	\$ _____
<input type="checkbox"/> Social Security Income	\$ _____	<input type="checkbox"/> AFDC/General Assistance	\$ _____
<input type="checkbox"/> Pension Income	\$ _____	<input type="checkbox"/> Other Income:	\$ _____
Rent/Mortgage Monthly payment	\$ _____	Utilities: Monthly payment	\$ _____

PG&E, Phone, Garbage, Water, etc.

Year, make & model of car(s):
1. _____ Monthly payment: \$ _____
2. _____ Monthly payment: \$ _____

Loans:
Type _____ Balance \$ _____ Monthly payment \$ _____
Type _____ Balance \$ _____ Monthly payment \$ _____

Please describe your family situation and any circumstances that are exceptional, that necessitates the need for a fee reduction. Please be specific, use additional paper if needed.

I declare that the information contained in this form, is correct and complete. I will be responsible for payment of the adjusted fee. I understand that any scholarship awarded will be revoked in the event of misrepresentation, or by failing to follow all the terms as agreed to. I further understand that if the scholarship is revoked and services have been rendered, the full amount of fees will be my sole responsibility.

Signature of Applicant

Date



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Applicant Name _____ Spouse Name _____
 Home Phone _____ Day Time Phone _____ Email _____
 Address _____ City _____ Zip _____

Did you receive a scholarship award during the previous funding cycle: July 2017- June 2018? Yes No

All participants must complete the scholarship application form and attach your current financial documents for income verification.

	Example				
Date	7/1/18				
Participant	Jim Nasium				
Date of Birth	10/4/13				
Age	6				
Course Title	Tumbling				
Location	Gym				
Season	Fall				
Day	M				
Time	11:30				
Fee	\$196				

NO INDIVIDUAL MAY PARTICIPATE IN RECREATION ACTIVITIES WITHOUT PROVIDING A SIGNED WAIVER.

I hereby agree to indemnify and hold harmless the Town of San Anselmo, and its officers, contractors and employees, and any community organization co-sponsoring the program, from and against any and all liability for any injury which may be suffered by me or my child arising out of or in any way connected with participation in said program(s) named here. In case of emergency, my child may be treated by a qualified physician. I further understand that photographs or video may be taken of me or my child during the course of said program(s) and that these photographs may be used in Town publications. **MANDATORY ARBITRATION OF CLAIMS AGAINST THE TOWN.** It is hereby expressly understood and agreed to by the undersigned that any claim asserted against the Town by the undersigned participant, either on behalf of him/her or on behalf of another person, on account of bodily injury, mental disturbance, death or property damage, sustained as a result of, or for any reason connected to the use of Town property, facilities or programs or acts or omissions of Town employees or volunteers pursuant to this registration, will be resolved by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. It is agreed that all claim submission, requirements, procedures, and deadlines and all immunities established by the Government Code or other provision of law will apply, but that the undersigned waives all rights to file a lawsuit and agrees, in lieu thereof, to resolving all claims and disputes through the arbitration process. The Town and the undersigned, by execution of this document, are giving up their constitutional right to have any such dispute decided in a court of law and before a judge or jury and instead are accepting the use of arbitration. **I HAVE READ AND UNDERSTAND THIS WAIVER.**

 Signature of Parent/Guardian

 Date