



## Scholarship Application Form 2019-2020

### THE HAL BROWN SCHOLARSHIP PROGRAM

The Hal Brown Scholarship Program has been established for the purpose of providing financial assistance to children, from lower-income households making it possible for them to participate in high quality recreation programs. Scholarships are available to children 16 years of age or younger who reside within Marin County District 2 (See website for District 2 map). P.O. Boxes must be accompanied by supporting documents to verify residence within the District 2 boundaries. Scholarship funds are based on availability. The San Anselmo Recreation Department reserves the right to adjust income guidelines or reduce the allotted amount per person as deemed necessary.

HOUSEHOLD SIZE	ANNUAL INCOME	MONTHLY INCOME
2	\$103,350 or less	\$8,612 or less
3	\$116,250 or less	\$9,687 or less
4	\$129,150 or less	\$10,762 or less
5	\$139,500 or less	\$11,625 or less
6	\$149,850 or less	\$12,487 or less
For each add'l person	+\$10,000	+\$858

#### **Funding Cycle:**

Scholarships are granted on a fiscal year basis. The fiscal year begins on July 1 and ends on June 30. All scholarships will terminate on June 30. Scholarships cannot be applied to prior balances. People who are interested in enrolling in summer programs may enroll before July 1<sup>st</sup> using scholarship funds from the prior fiscal year. Scholarship funds are limited and will be awarded on a first come first serve basis. The program will close through the end of the fiscal year once the scholarship fund has been exhausted.

#### **Application (All applicable items listed below are required for consideration):**

1. Complete the scholarship application form.
2. Complete the fee waiver worksheet with the signed waiver.
3. Provide a signed copy of the most current state/federal tax forms (**Form 1040**). In the event that the applicant's income is such that he or she is not required to file taxes, the applicant must submit a **notice of action letter** from CalFresh, CalWORKS, Medi-Cal or public housing assistance
4. Submit the paperwork and allow 48 hours 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.

#### **Fees:**

Each scholarship recipient will receive a maximum of \$300 per family to be applied to programs offered through the San Anselmo Recreation Department. The participant is NOT required to pay any registration fees until the full scholarship amount has been used. The participant will then pay the remaining balance on any classes or camps that exceed the scholarship amount. The participant must either pay the required fees or withdraw from the program. Qualifying for scholarship funds does not guarantee 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.

## Scholarship Application Form 2019-2020

---

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

Applicant Name \_\_\_\_\_ Spouse Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
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 necessitate 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**



## Scholarship Application Form 2019-2020

### THE HAL BROWN SCHOLARSHIP PROGRAM

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 2018- June 2019?  Yes  No

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

Date	7/1/19				
Participant	Jim Nasium				
Date of Birth	10/4/13				
Age	6				
Course Title	Tumbling				
Location	Gym				
Season	Fall				
Day	M				
Time	11:30				
Fee	\$146				

***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 it's 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**