

**For admin use only:**  
Date Received \_\_\_\_\_  
Date Contacted \_\_\_\_\_

# City of Oceanside Scholarship Program

Date: \_\_\_\_\_

New Applicant: ☐

Re-apply: ☐

**APPLICANT INFORMATION:** (proof of residency is required)

Parent/Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_

**Section A**

**OUSD reduced meals program eligibility**

Is your child currently receiving free/reduced meals?	Yes	No
If yes, continue.		
If no, go to <b>Section B</b> .		
School _____		
Effective immediately, any new scholarship applicant qualifying for and receiving an Oceanside Parks and Recreation Scholarship, whose proof of qualification is enrollment in the "free/reduced lunch" program at either VUSD or OUSD will be required to show proof of this enrollment to Parks and Recreation Scholarship staff.		
_____ Signature of parent/guardian		_____ Date

**Section B (complete only if you marked "no" in box above)**

**HOUSEHOLD INFORMATION:**

1. How many persons are living in your household? (A household is defined as the persons currently living in the address you provided in the information above, inclusive of children and or dependents)

\_\_\_\_\_

2. List monthly household income inclusive of all wage-earners living in address listed above:

\_\_\_\_\_  
\_\_\_\_\_

3. List additional monthly income generated from welfare, child support, alimony and/or social security:

\_\_\_\_\_  
\_\_\_\_\_

4. List the total monthly household income \$ \_\_\_\_\_ (please provide the last **two** current copies of the source of income, i.e., past paycheck stubs)

5. List the name(s) and date(s) of birth of the child(ren) you are requesting a scholarship for.

<u>Child's Name:</u>	<u>Child's Date of Birth</u>	<u>Programs typically enrolled in:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADDITIONAL INFORMATION**

Drop-off or Mail your application to:

The City of Oceanside  
Parks & Recreation Division  
300 North Coast Highway  
Oceanside, CA 92054

For details call:

Jamie Boatright  
Office Specialist I  
760-435-5228

I certify that all statements on this application are true and correct and that I can verify this information if requested to do so. I understand that the Oceanside Youth Scholarship is a privilege and not a right, and that is subject to the income verification statements submitted by me. I also understand that the scholarship may pay for 50% of my program fees, and I am responsible for paying the balance of the program fees directly to the City prior to the start of the program in which my child is to participate. I understand that if any statements submitted are later determined to be inaccurate, it may immediately terminate my child's privilege to benefit from this program.

\_\_\_\_\_  
Signature of parent /guardian

\_\_\_\_\_  
Date