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: (____) _____

Email Address: _____

Section A
OUSD reduced meals program eligibility

Is your child currently receiving free/reduced meals? Yes No
If yes, continue.
If no, go **to Section B**.

School_____

Effective immediately, any 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 do not receive lunch program)

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 source of income, i.e., past paycheck stubs, tax returns)*

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

Child's Name:	**Child's Date of Birth**	**Program interested in enrolling:**

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

FOR PARKS & RECREATION PROGRAMS:

Drop-off or Mail your application to:

City of Oceanside
Neighborhood Services Department
Parks & Recreation
300 North Coast Highway
Oceanside, CA 92054

Fax: (760) 435-9628
Email: recadmin@ci.oceanside.ca.us

Questions? Javier Bermudez, (760) 435-5554 or jbermudez@ci.oceanside.ca.us.

FOR JUNIOR LIFEGUARDS:

Drop-off or Mail your application to:

City of Oceanside
Neighborhood Services Department
Parks & Recreation
300 North Coast Highway
Oceanside, CA 92054

Fax: (760) 435-9628
Email: recadmin@ci.oceanside.ca.us

Questions? Mason Turvey, (760) 435-4016 or mturvey@ci.oceanside.ca.us.