

# **City of Oceanside** **Junior Lifeguard 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**

<p>Is your child currently receiving free/reduced meals? If yes, continue. If no, go <b>to Section B.</b></p>	<p>Yes</p>	<p>No</p>
<p>School _____</p>		
<p>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 provide the letter from Nutrition Services / School District stating as such.</p>		
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.

<u>Child's Name:</u>	<u>Child's Date of Birth</u>	<u>Junior Lifeguard Session Desired:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

**Drop-off/Mail/Email your application to:**

**City of Oceanside**

**Attn: JG Staff  
300 N. Coast Hwy  
Oceanside, CA 92054**

**Phone: (760) 435-4021**

**Email: [JGStaff@oceansideca.org](mailto:JGStaff@oceansideca.org)**