

**YUBA COUNTY RECREATION
HEALTHY FAMILIES SCHOLARSHIP PROGRAM**

Yuba County Recreation and First 5 Yuba are please to present the Healthy Families scholarship program. Both entities are passionate and dedicated to making our community a place where families can interact with one another while participating in physical activity. The Healthy Families program was designed to assist those who would like to participate in active programs that might not otherwise have the opportunity or be able to afford it. Please read the criteria to determine if you qualify and complete all necessary information. Thank you for taking an interest in Yuba County’s Recreation Programs. We are sure you will have a worthwhile experience. For scholarship information call 530-749-5670.

Guidelines:

1. Applicants must live in Yuba County.
2. Scholarships are limited to a one-time registration for multiple classes up to \$80 per person per calendar year. Scholarships will be granted as long as funds are available. If the program fee(s) is/are more than \$80, you must pay the difference.
3. Scholarships are based on income, see income guidelines below. Family Household Income must be the same or below the dollar amount listed to qualify.
4. Scholarship applications must be turned in at least one week prior to program registration deadline or one week prior to start date of program applying for.

Income Guidelines for Full Scholarship:

| <u>Number in Family</u> | <u>Annual Household Income</u> | <u>Number in Family</u> | <u>Annual Household Income</u> |
|-------------------------|--------------------------------|-------------------------|--------------------------------|
| 1 | \$35,000 | 5 | \$55,000 |
| 2 | \$40,000 | 6 | \$60,000 |
| 3 | \$45,000 | 7 | \$65,000 |
| 4 | \$50,000 | 8 | \$70,000 |

Procedures:

1. All applicants must fill out an application and program registration form.
2. Proof of economic hardship is required, i.e. document of public assistance, copy of paycheck stubs, etc. Must provide one month’s income.
3. Applications will be reviewed and applicants will be notified by phone if they are awarded a scholarship.
4. Applicants have (3) working days to accept the scholarship and pay any difference in fee. Failure to accept the scholarship in this time frame will result in cancellation of the scholarship.



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Date Application Received _____
(Office Use Only)

Application for Program/Activity _____ Date of Activity _____

Name of Participant _____

Name of Parent/Guardian _____
(If not 18+ yrs)

Address _____
(Street) (City) (Zip Code)

Home Phone _____ Work Phone _____

_____ Proof of financial need is attached (Required)

_____ Annual household income dollar amount (Total Family Yearly Income Amount)

_____ Total number of people in my household

I verify that all the above information contained in this application is true to the best of my knowledge.

Signature of parent/guardian _____

OFFICE USE ONLY:

_____ Approved _____
Activity/Program Session/Month

_____ Not Approved Reason _____

Date Notified _____ Comments _____