



City of Seal Beach Recreation & Community Services
 211 8th Street, Seal Beach, CA 90740
 Phone: (562) 431-2527 ext: 1307
 Email: communityservices@sealbeachca.gov

Scholarship Application

The Seal Beach Recreation & Community Services Department would like to make recreation opportunities available to all interested people, regardless of income. The City of Seal Beach offers scholarships to low-income residents (toddlers, teens, and seniors) who might not otherwise be able to participate. Scholarships are available for up to 50% of the recreation sponsored class.

Conditions and Eligibility:

1. Must meet the gross yearly family income criteria:

1 person household	\$28,500	\$43,050
2 person household	\$32,550	\$49,200
3 person household	\$36,650	\$55,350
4 person household	\$40,700	\$61,500
5 person household	\$43,950	\$66,400
Scholarship Funding	50%	25%

2. Maximum per individual each fiscal year (July – June) is \$50.00.
3. You will be notified within five working days of scholarship status.

Name: _____

Address: _____

City/State: _____ Zip: _____

Telephone: _____ Email: _____

Total number of family members
 (must be presently living in your home) _____ Combined Monthly Income: \$_____

Please briefly describe your personal circumstances (all information will remain confidential):

Person (s) for whom you are applying:

Name	Age	Class/ Program
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify the above information is correct to the best of my knowledge. I understand that any additional fees (i.e.' supply fees) are my responsibility. I hereby give permission to the City of Seal Beach and the Recreation Department to use any photos taken during this activity which might include me or my child (children), in publications promoting programs or activities within the City. Parent or guardian must sign if participant is a minor.

Signature: _____
(Application is not valid without signature of parent or legal guardian if the scholarship is for someone under the age of 18.)

Office Use Only

Class Title & Number: _____

Original class/ program fee: _____

Amount to be paid by participant: _____

Staff Approval: _____

Comments: _____