

Summer 2021
Youth Scholarship Program

Sponsored by:
FRIENDS OF SANTA CLARA PARKS & RECREATION

Q. Why does the Friends of Santa Clara Parks and Recreation Youth Scholarship Program provide financial assistance?

A. The Friends of Santa Clara Parks and Recreation Youth Scholarship Program offers resident youth financial assistance for registration fees to ensure all young people have equal access to the benefits of participating in recreation activities. The Friends of Santa Clara Parks and Recreation Youth Scholarship Program continues to “Create Community through People, Parks and Programs” by focusing on its mission to:

1. Provide positive recreation experiences
2. Promote health and wellness
3. Increase cultural unity
4. Strengthen community image and sense of place
5. Foster human development

Q. Who is eligible to receive a Youth Scholarship?

A. Santa Clara residents who meet eligibility requirements may apply for financial assistance to cover or offset the expense of Parks and Recreation program registration fees for youth, ages 17 and under.

Q. What is the maximum benefit of the Friends of Santa Clara Parks and Recreation Youth Scholarship Program?

A. Eligible residents may be granted up to \$200 per family member (maximum of two family members), 17 years or under, each calendar year. Once eligibility has been determined, the benefit of the Friends of Santa Clara Parks and Recreation Youth Financial Scholarship is valid for the 2021 Summer Recreation Programs. Program resources are limited and subject to availability of funds.

Q. What programs can a child participate in with a Friends of Santa Clara Parks and Recreation Youth Scholarship Program?

A. Youth and Teen summer recreation classes and activities sponsored by the City of Santa Clara Parks & Recreation Department.

Q. Is there anything the Friends of Santa Clara Parks and Recreation Youth Scholarship Program does not fund?

A. The Friends of Santa Clara Parks and Recreation Youth Program does not fund adult or senior programming, special events, or non-City of Santa Clara sports leagues (i.e., AYSO, Pop Warner, Little League).

Q. In order to qualify for the Friends of Santa Clara Parks and Recreation Youth Scholarship Program, what is the application process?

A. Applicants must:

1. Be a City of Santa Clara resident

and

2. Qualify for the Free or Reduced Lunch Program through the Santa Clara Unified School District or Cupertino Union School District. If your family has been approved for the Free or Reduced Lunch Program or Latchkey Program by the Santa Clara or Cupertino School Districts, you must provide a copy of your approval letter with your registration materials.

and

3. Show two forms of Santa Clara resident identification at the time of application (i.e., driver's license, utility bill, check cashing card).

Q. As a Friends of Santa Clara Parks and Recreation Youth Scholarship participant, what additional registration information should I be aware of?

A. Friends of Santa Clara Parks and Recreation Youth Financial Grant participants do not receive priority registration nor are they exempt from the Santa Clara Parks and Recreation Department refund / transfer policy. Financial Grants can only be used for registration fees required for the activity and are not redeemable for cash. Please become familiar with the registration information in the Activities Guide and follow the registration procedures accordingly.

Proof of residency (in two forms of identification) is required each time a Youth Financial Grant is applied for.

How to Submit Completed applications & Supporting Documents

- Drop off by appointment at the Community Recreation Center, 969 Kiely Blvd. Santa Clara, 95051. Call 408-615-3140 to make an appointment.
- Email to PRCustomerServe@SantaClaraCA.gov
- Fax to 408-261-9146.

For additional information, contact Parks & Recreation staff at
408-615-3140.

**City of Santa Clara
Friends of Parks & Recreation
Youth Scholarship Program Application
Summer 2021**

Applicant Name (Adult/Main Contact): _____

Child's Name: _____

Address: _____

Phone number: _____

Clients must provide the following when requesting Youth Financial Scholarship:

- Proof of City of Santa Clara Residency (2 forms of ID are required).
- Proof that the child is enrolled in a School District Latchkey Program or a Lunch Program.
- Completed class registration form.
- Payment for fees in excess of amount covered by Youth Financial Scholarship.

Scholarships are available to City of Santa Clara residents whose children participate in the Free or Reduced School Lunch Program in Santa Clara Unified School District or Cupertino School District.

The Scholarship provides a maximum of \$200.00 per child per year. A maximum of 2 children per family can receive funds each calendar year. **Funds for 2021 are available for Summer registration only.**

Program resources are limited and subject to availability of funds.

Completed applications & supporting documents can be dropped off at the Community Recreation Center, 969 Kiely Blvd. Santa Clara, 95051 (by appointment call 408-615-3140), via email to PRCustomerServe@SantaClaraCA.gov or fax to 408-261-9146.

For Office Use Only

Front Desk Staff

Grant Processing Staff

- Check ID (two separate documents are required) for proof of residency. Must be a Resident of Santa Clara.*
- Make copy of proof of enrollment in SCUSD or Cupertino School District Free Lunch Program courses and attach to registration form.
- Confirm that Grant has not already been issued in the current calendar year. Check list.
- Enroll each child in requested courses. One receipt per child.
- Indicate "Friends Grant Summer 2021" in the notes section of Active on parent and child's account.
- Enter payment for programs, minus Youth Financial Grant amount.
- Record "amount due" on bottom of Registration Form.
- Place copy of Registration form with proof of eligibility (lunch letter) in Office Specialist's box.

- Confirm that Grant request does not exceed available funds by updating spreadsheet. (I:Parks/Grants/Friends of SC Parks and Recreation).
- Apply funds to client account using "Friends" payment type.
- Confirm application of funds with client.
- Mark final payment entry on registration form and file.
- File this application form and proof of eligibility (letter from School District) in Friends of SCPRD File.
- Copy the registration confirmation.

Date: _____ Initial: _____

*Grandparent rule does not apply for residency. School district boundaries do not qualify for residency. Only Santa Clara residents in a Free or Reduced lunch program qualify.

Date: _____ Initial: _____

REGISTRATION FORM

City of Santa Clara Parks & Recreation Department

For Mail-In Registration:

- Complete this registration form and sign liability release on the other side.
- Make payment for the full amount due:
Check or money order to "City of Santa Clara." Cash or credit card can be processed in person at the CRC, Teen Center, or Youth Activity Center prior to submitting mail-in packet.
- Provide proof of residency:
Pre-printed check, current utility bill, copy of valid driver's license, or current Santa Clara Unified school report card.
- Families may submit registrations in the same envelope if they wish to be processed together; send a separate registration form and proof of residency for each family.

Residential Status: (check one)

- Santa Clara City resident/property owner
- Santa Clara Unified School District
- Non-resident

Submit registration packets to:
 Community Recreation Center
 Registration
 969 Kiely Blvd., Santa Clara, CA 95051
 Registration questions: 408-615-3140

Parent/Adult Contact (Main Account Holder) Information:

New Account? Yes ___ No ___

Name _____
 Last First

Birth Date (month/day/year format) _____

Address _____ City _____ State _____ Zip _____

Cell No. (____) _____ Home No. (____) _____ Work No. (____) _____

I would like to receive text updates (e.g. cancelled class, reminders, etc.) from the City of Santa Clara. Cellular provider: _____

Provide your email address (for Online Registration access or program updates) _____

I would like to receive City of Santa Clara email updates with information about events and programs.

First Local Emergency Contact: _____
 Last First

Cell No. (____) _____ Home No. (____) _____ Work No. (____) _____

Second Local Emergency Contact: _____
 Last First

Cell No. (____) _____ Home No. (____) _____ Work No. (____) _____

Participant's First & Last Name	Gender	Birth Date	Course/Activity Name	Course/Activity Numbers	Fee	
Example: Sally Jones	F	7/1/75	Oil/Acrylic Painting	11861	00	00
Subtotal						
Deduct Current Credit Balance						
Total Fees Due						

Please indicate any allergies, disabilities/special needs, or accommodations needed below. The instructor or staff may contact you for further information.

Participant's name: _____

Needs/instructions: _____

Participant's name: _____

Needs/instructions: _____

Complete liability release on other side of this page.

RELEASE OF LIABILITY & ASSUMPTION OF RISK

In consideration of the acceptance by the City of the application for entry into the classes or activities listed on the Registration Form on the reverse side of this Agreement and entry to and use of any facilities or equipment as part of these classes or activities, I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release Agreement is intended to discharge in advance the City of Santa Clara, its City Council, officers, agents, and employees, the Santa Clara Unified School District, its School Board, officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities and entry to and use of any facilities or equipment, even though that liability may arise out of NEGLIGENCE or CARELESSNESS, on the part of the persons or entities mentioned above.

I HAVE READ THE DESCRIPTION IN THIS CATALOG OF EACH CLASS OR ACTIVITY FOR WHICH I HAVE REGISTERED, AND I AM AWARE THAT THESE CLASSES OR ACTIVITIES MAY SUBJECT ME TO PHYSICAL RISKS AND DANGERS. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO, THROUGH NEGLIGENCE OR CARELESSNESS, MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE OR ASSIGNS.

It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE and ASSIGNS and is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully READ this Agreement and fully understand its content. All participants registered in classes or activities, including minors 13-17 years of age, must sign this Agreement. Adults participating in Parent-Child Activities must sign below as adult participants in addition to the parent portion of this release Agreement.

Date: _____

ADULT PARTICIPANTS, INCLUDING THOSE PARTICIPATING IN PARENT-CHILD CLASSES, SIGN BELOW

Signature: _____

Print Name: _____

Signature: _____

Print Name: _____

PARTICIPANTS, AGE 13-17, SIGN BELOW

Signature: _____

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Print Name: _____

To be completed by parent or guardian of minor participants

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement has been EXPLAINED TO THE MINOR.

I certify that I have custody or am the legal guardian of said minor and that I and/or my minor child are physically able to participate in recreation. In the event I or said minor requires medical treatment while under the supervision of City staff and/or agents, I authorize said staff to provide and/or authorize medical treatment. I expect City staff to contact me immediately in the event emergency medical treatment is required for said minor, but this contact is not necessary to administer emergency aid. I will pay for all medical treatment which I or said minor may require. I hereby grant permission to City to include pictures and/or video of me and/or said minor during department activities for brochures or other publicity. I understand I will not receive any compensation for use of such pictures or video.

Signature of parent or guardian: _____ Date: _____

Print parent/guardian name: _____

Address: _____

Please indicate whether you are signing as: Parent Guardian