

City of Los Angeles Department of Recreation and Parks
SCHOLARSHIP APPLICATION FOR DAY CAMP PROGRAMS

Thank you for your interest in the Department of Recreation and Parks day camp programs.
Please complete this form to request a scholarship.

Facility/Region: _____ Date: _____

Child's Name: _____	Date of Birth: _____	Activity: _____
Child's Name: _____	Date of Birth: _____	Activity: _____
Child's Name: _____	Date of Birth: _____	Activity: _____
Address: _____	City: _____	Zip: _____
Parent/Guardian Name: _____	Parent/Guardian Name: _____	
Parent/Guardian Employer: _____	Parent Guardian Employer: _____	
Home Telephone: (____) _____	Home Telephone: (____) _____	
Work Telephone: (____) _____	Work Telephone: (____) _____	

Briefly state the reason(s) you are requesting a scholarship or check any boxes that apply: _____

Annual Family Income

Under \$25,000	\$25,000 - \$36,000	\$36,000 - \$45,000	\$45,000 - \$91,000
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I certify that the information provided on this form is accurate and complete. I acknowledge that providing false information shall be ground for termination from the program.

Parent Signature: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Director's Recommendation: Approve Deny

Original Fee \$ _____ Scholarship Applied \$ _____

Comments: _____

Director's Signature for Approval: _____ Date: _____