

CITY OF  
**ARROYO GRANDE**  
CALIFORNIA

CITY OF ARROYO GRANDE RECREATION SERVICES DEPARTMENT  
CHILD CARE SCHOLARSHIP APPLICATION

The City offers partial scholarship to families residing within the City of Arroyo Grande and who meet the income eligibility of less than \$71,148 annual income which is the average median income for San Luis Obispo County and/or extenuating circumstances to be explained in the comments section. Interested parents should fill this application out completely and return to:

City of Arroyo Grande  
Recreation Services Department  
1221 Ash Street  
Arroyo Grande, CA 93420

All requests will be reviewed and successful applicants will be contacted by email. A credit will be applied to the family member's account for the amount awarded. You will be responsible for registering your child in the program online or by phone. This form must be completely filled out or it will not be accepted. Enrollment is on a first-come, first-served basis. To be eligible to receive funds, scholarship applicants must have an existing *Civic Rec* account.

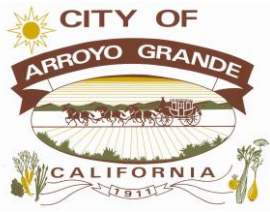
Parent's Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email (required) \_\_\_\_\_  
Household Size \_\_\_ Number of dependent children \_\_\_ Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Household Annual Income \$ \_\_\_\_\_

If you do not normally qualify for a scholarship due to not meeting annual income requirements, please describe any extenuating circumstances that your family has experienced this year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all participants applying for scholarships:

Participant's Name	M/F	Birth Date
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		



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Additional Comments:

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Please feel free to attach additional information.

*By signing below, I acknowledge that the information I provided is accurate, true, and correct and that my household income is less than \$71,148/year which is the average median income for San Luis Obispo County and/or that extenuating circumstances apply.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_