



SCHOLARSHIP INFORMATION

Claremont Parks and Recreation Scholarship Program Overview:

The Claremont Parks and Recreation Scholarship Program is intended to help residents who are experiencing financial hardship. (*Non-Residents may be considered upon request*)

Funding:

The Claremont Parks and Recreation Scholarship Program is funded through the Claremont Parks and Recreation/CSBCC Golf Tournament. There is a limited amount of money available for scholarship distribution each year.

Claremont Parks and Recreation Scholarship Program Parameters:

1. It is intended that this assistance be temporary. Scholarships are awarded each season. Awards/offers do not carry forward to future programs or memberships.
2. Participants are required to pay partial fees. Full scholarships will not be available.
3. Granting assistance is based on low-income status and need.
4. Claremont Parks and Recreation accounts must be in good standing to be considered for a scholarship.
5. Scholarship awards will be up to 75% of the program or membership price. This is the highest scholarship amount possible so that we can reach the greatest number of applicants in need.

Process:

A customer applying for a scholarship **MUST COMPLETE** the Scholarship Application in full, including the Monthly Gross Income Worksheet, otherwise the application will NOT be considered until this has been done.

Once the application is complete with all the appropriate information, it will be reviewed within seven business days, and Department staff will inform the applicant of the award amount. Applicants will then have one-week to provide the balance due for the program/membership. If payment is not received in the above timeframe, the participant will risk forfeiting awarded scholarship.

Note: Current contact information **MUST** be provided and **BE ACCURATE** so the applicant can be reached to discuss questions and/or the outcome of the application.

Claremont Parks and Recreation Department
Scholarship Application

For Office Use Only

% Awarded _____ Participant Amount \$ _____ CSBCC Amount \$ _____

Primary Household Contact Name

DOB

Street Address

City, State, ZIP

Home Phone

Cell Phone

Work Phone

E-mail

Primary Household Contact's Employer

Name of Participant

DOB

Membership Plan/Program

Total Cost

Monthly Gross Income Worksheet

1st monthly gross average income: \$ _____

2nd monthly gross average income: \$ _____

Monthly Disability: \$ _____

Monthly Unemployment: \$ _____

Monthly Child/spousal support: \$ _____

Monthly Social Security: \$ _____

Monthly Pensions/Retirement: \$ _____

Other State or Federal income/aid: \$ _____

Other monthly income/support: \$ _____

Total Monthly Gross Income: \$ _____

Household Numbers

Number of adults (19+): _____

Number of children (18 & under): _____

Total number in household: _____

Please list all types of aid that you/your family qualifies for and receives (i.e. State or Federal Aid, food stamps, free/reduced lunch, etc.):

Please share your reason for requesting scholarship support: _____

I certify that the above listed information is correct. If any information is determined to be false, I understand that my application for scholarship will be terminated:

Applicant's Signature

Date