

Youth Programs Financial Assistance Application

Program Participant: _____ Childs Age: _____

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ hm _____ wk

Email Address: _____

BASES FOR NEED

(Please check which area applies and submit proof of qualifications)

_____ **AFDC / Food Stamps**

_____ **Single Parent / Limited Family Income (\$24,000 or Less)**

_____ **Catastrophic Illness or other major family event**

_____ **University Academic Financial Aid**

_____ **Other Reasons**

Please explain or comment on your set of circumstances: (use additional paper if necessary)

Please describe any Aquatic Center Participation in the past for any member of the family:

REFERENCES

(Who can verify bases for need)

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Aquatic Center Use Only

Camp Enrolled: _____ Week Enrolled: _____

Amount Granted: _____ Amount Due by Participant: _____

Granted By: _____ Value of the camp: _____

Date Approved: _____

Youth Programs Financial Assistance Application

We appreciate your interest in the Sacramento State Aquatic. The primary intent of the Financial Assistance Program is to minimize the financial barrier and enable schools with few or no resources to visit the Aquatic Center and benefit from our boating/ water safety programs.

Support is contingent upon the availability of funds, the level of need, and is on a first come first served basis. We cannot guarantee or predict the availability of funds. Should funds be unavailable at the time your application is approved you will be notified and given the option to continue with or cancel you reservation.

Only Non-Profit schools or youth programs who fall into one of the following categories will qualify:

- Those schools receiving funding for low income children through the state of California (Title I)
- 40% or more of the student body qualifies for free or reduced meals

School Name: _____ Main Contact Name: _____

District: _____ County: _____

Main Phone: (_____) _____ Contact's Phone: (_____) _____

Main Contact Email Address: _____

Grade Level (s): _____ # of Classes: _____ # of Students: _____ # of Chaperones: _____

Is this school Title 1: Yes or No

1. Please tell us how a field trip to the Aquatic Center will benefit your students.

2. Are there any specific circumstances that we should be aware of in considering your request?

3. If funding is not awarded, would your group still wish to participate in activities at the Aquatic Center?

To process your request for financial aid, we require documentation to support your application. We also require that a Reservation request form be submitted at the time of request for financial aid.

I understand that each application is carefully considered, that it may not be possible to receive financial assistance, and that this request is for partial payment of the fee.

Signature of School Representative (required): _____ Date: _____

1901 Hazel Ave. ♦ Gold River, CA 95670-4501

(916) 278-2842 ♦ (916) 278-1105 Fax

www.sacstateaquaticcenter.com

Youth Group “Special Needs” Verification for California Boating and Waterways Safety Scholarships

Name of School: _____

Address of School: _____

School Phone #: _____

Date of Field Trip: _____ Total Number of Students _____

	Students Name	Age	Address	Phone
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

School Administrator Signature: _____ Date: _____

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Camp Enrolled: _____

Week Enrolled: _____

Amount Granted: _____

Amount Due by Participant: _____

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