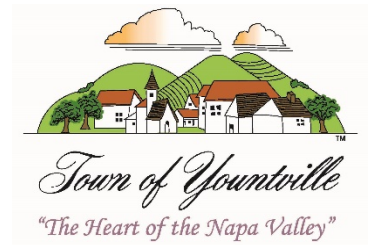




Parks and Recreation Subsidy Scholarship Information and Application



Funded through the Town of Yountville Community Foundation, a 501c3 Foundation, the Town can offer subsidy scholarships for participation in Parks & Recreation programs, events, and excursions.

Eligible recipients can receive up to \$200 per quarter to use towards registration for Parks and Recreation programs, events and excursions totaling \$800 per fiscal year (July – June). There is no household cap. Funds cannot be rolled over to the next quarter.

Eligibility for scholarships will be determined by the Parks and Recreation Director or their designee. Eligibility for scholarship must be established each year beginning in July. Scholarship eligibility is valid for one year.

Who is Eligible?

- Yountville Residents 18 & under and 50 & older
- OR**
- Children in the Foster Care System regardless of city of residence
- AND**
- Those who's household falls at or under 250% of the Federal Poverty Guidelines. [Click here for the current guidelines.](#)

Ways to prove Eligibility

- Residency: Photo ID with Address or Utility Bill
- Foster Care: Referral from Foster Care Agency
- Financial: Prior years tax return, SSI Statement, MediCal Notice of Action Letter, CalWorks Notice of Action Letter, Food Stamp Notice of Action Letter.

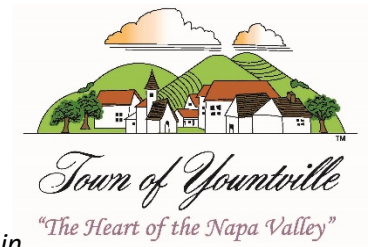
Attendance is Mandatory

- Attendance in programs that have been registered for is mandatory to continue receiving scholarships.
- If you need to cancel your participation, please contact Parks & Recreation prior to the first meeting.



Parks and Recreation Subsidy Scholarship Application

Application does not guarantee approval. You will be notified within
7 days of your status. Annual fundraising may limit the
amount of scholarships available each Fiscal Year.



☐ NEW ☐ RENEWAL

HOUSEHOLD CONTACT NAME:	
HOUSEHOLD ADDRESS:	
PHONE #:	OTHER PHONE #:
EMAIL:	
ANNUAL HOUSEHOLD INCOME: \$	
VERIFICATION:	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
Tax Return	MediCal
SSI Statement	CalWorks
	Food Stamps

HOUSEHOLD MEMBERS

NAME:	Birthdate:
NAME:	Birthdate:
NAME:	Birthdate:
NAME:	Birthdate:
NAME:	Birthdate:

By Signing you certify that all information provided is true and correct.

Signature

Date