



COACHELLA PARKS & RECREATION FOUNDATION

Application for Recreation Scholarship

Date: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Email: _____

PARTICIPANT INFORMATION

PARTICIPANT NAME: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Email: _____

PROGRAM INFORMATION

Program to which scholarship will be applied: _____

Cost of Program: \$ _____ Amount Applied For: \$ _____

Scholarships will be 50% reimbursement of the recreation program with maximum award of \$75.00.

Proof of Coachella Residency must be attached with this application (I.D. card, driver's license, or utility bill)

Proof of Program Registration must be attached with this application (copy of the receipt of payment)

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION

By signing below, I do hereby certify that all information provided in this document is true and accurate, to the best of my knowledge. I understand that inaccurate information provided will result in the denial of this application. I also give consent to the City of Coachella to obtain any and all information they deem necessary to verify the details provided in this application. I hereby agree to indemnify and hold harmless the City of Coachella and its officers, agents and employees from any liability or claim or action for damage resulting from or in any way arising out of this application or participation in listed City programs.

Signature of Parent/Guardian: _____ Date: _____

Assistance will be given on a first-come first serve and is based upon available funding.

| FOR OFFICE USE ONLY | | | |
|--|------|---|-------------|
| Information verified and attached | | Approval Process | |
| Staff Initial | Date | Approved <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Rec'd: |
| | | Amount | Issued: |

Approval will take up to 15 business days depending on available funding