



SCHOLARSHIP FORM

Scholarships are for those who need financial assistance to participate in the City of Chula Vista Parks and Recreation programs. All scholarship applications must be submitted by a parent or legal guardian of the participant (child under the age of 18), along with a completed class registration form. Applicants are required to submit proof of residency and verification of income as proof for qualification. Selected families will receive a scholarship for up to \$50 per child, per quarter: Scholarships will be awarded on a first come-first served basis. **For questions call (619) 409-5979**

Application packets can be accepted by email or in person for any child under 18 years old for any classes that you are able to [view on-line](#).

***Submit by Email**

RecAdmin@chulavistaca.gov

***Submit In person**

**MON-THURS 9:00am-4:00pm/FRI 9:00am-12:00pm
Parks and Recreation Administrative Office
276 Fourth Ave Building C**

***All submissions must include: 1. A scholarship and a registration form, 2. A copy of a California Driver's license, 3. Proof of residency, 4. Income verification**

After participant scholarships have been awarded, parents must register the child for the selected class to ensure a spot in the class or program. Being awarded a scholarship does not guarantee a spot in the class.

Scholarships are made possible by the FRIENDS of Chula Vista Parks and Recreation.

FILL OUT THE FOLLOWING:

SIZE OF FAMILY (Check one of the income boxes below). For larger families, add \$6,000 per additional family member)

	Size of Family	Annual Income
<input type="checkbox"/>	2	\$20,566
<input type="checkbox"/>	3	\$26,566

	Size of Family	Annual Income
<input type="checkbox"/>	4	\$32,566
<input type="checkbox"/>	5	\$38,566

	Size of Family	Annual Income
<input type="checkbox"/>	6	\$44,566
<input type="checkbox"/>	7	\$50,566

	Size of Family	Annual Income
<input type="checkbox"/>		
<input type="checkbox"/>		

NAME OF PARENT/GUARDIAN _____ DATE OF BIRTH _____

ADDRESS: _____ PHONE: () _____

E-MAIL ADDRESS: _____

FOR OFFICE USE ONLY

Proof of Residency:

- Valid California Driver's License/Identification Card displaying City of Chula Vista address **and one of the following:**
- current utility bill
 - current monthly mortgage statement
 - property tax statement
 - rental/lease agreement and current month rent receipt

Income Verification: (Submit one of the following)

- Current Paystub
- IRS Tax Return
- Social Security Proof of Income Letter
- Social Security Award/Benefit Letter

Date Received _____

Time Received _____



REGISTRATION

NOTE: Fees for classes DO NOT include additional costs that may be required (i.e. ballet slippers, leotards, martial arts uniforms, tap shoes, materials fees, etc.)

FILL OUT COMPLETELY PLEASE PRINT

ADULT'S LAST NAME	FIRST	MI
Address	City	Zip
Home #	Cell #	Cell Carrier (to receive texts):
Email	Adult's Date of Birth:	

PARTICIPANT INFORMATION - PLEASE PRINT

*Does the participant need special accommodations for a successful experience?

Location	Class Name	Season	Time	Participant's Last Name	First Name	MI	Sex	DOB	Fee	Y/N
Parkway	Tap Dance 1	Summer 5	4:35	Do	John	A	M	1/31/09	\$35	N

Please choose classes carefully, the NO REFUND Policy will be followed.

TOTAL FEES DUE \$

READ, SIGN AND DATE WAIVER BELOW. Unsigned waivers will cause your registration to be returned unprocessed.

ACCIDENT WAIVER AND RELEASE OF LIABILITY (AWRL)

I _____ (REGISTRANT), and I _____ *(Registrant's PARENT or guardian), acknowledge that I shall defend, indemnify, and hold harmless the City of Chula Vista, its elected and appointed officials, employees, agents, contractors, and volunteers from and against any and all claims, demands, causes of action, costs, expenses, liability, loss damage or injury, in law or equity, to property or persons, including wrongful death, in any manner arising out of or incident to any alleged negligent acts, omissions or willful misconduct of Applicant and its respected officials, officers, employees, agents, contractors, and volunteers arising out of or in connection its use of the property designated. This indemnity provision does not include any claims, damages, liability, costs and expenses (including without limitations, attorneys' fees) arising from the sole negligence, active negligence or willful misconduct of the City, its elected and appointed officials, officers, employees, agents, contractors, and volunteers. Also covered is liability arising from, connected with, caused by or claimed to be caused by active or passive negligent acts or omissions of the Applicant and its respected officials, officers, employees, agents, contractors, volunteers, or any third party.

I hereby grant the City of Chula Vista, their legal representatives and assigns (including any agency, client, or publication), irrevocable permission to publish photographs of me taken at a City facility or event. These images may be published in any manner, including advertising, periodicals, greeting cards and calendars. Furthermore, I will hold harmless the City of Chula Vista, their representatives and assigns, from any liability by virtue of any blurring, distortion or alteration that may occur in producing the finished product, unless it can be proven that such blurring, distortion or alteration was done with malicious intent toward me. I have read this release and fully understand its contents.

REGISTRANT's / Parent or Guardian's Signature _____ Date _____

Individuals who do not reside within the city limits of Chula Vista must pay the nonresident fee listed for each class. Failure to send correct amount could result in delay or denial of your priority class.

Make checks payable to "CITY OF CHULA VISTA." There will be a minimum service charge of \$30 on all returned checks. Send your registration to the Recreation Department for all recreational classes. Be sure to indicate session number for all swimming classes.

RECREATION CLASSES: City of Chula Vista Recreation Department, 276 Fourth Avenue, Bldg. C, Chula Vista, CA 91910

FOR OFFICE USE ONLY: Amount Enclosed: \$ _____ CK/MO# _____ CC (last 4) # _____ City Receipt# _____