

Silliman Activity and Family Aquatic Center 6800 Mowry Avenue, Newark, CA 94560, 510-578-4620, www.newark.org

2024-2025 Youth Activities Scholarship Application

The Youth Scholarship Program is available to Newark residents age 17 and under who have financial constraints. Scholarships available for all programs except for facility rentals, birthday party packages, childcare and Camp Newark. Scholarships subject to available funding. **Scholarship eligibility is determined by a staff review and proof of eligibility (see eligibility criteria below). Notice of approval or denial is provided within two (2) weeks.** Participants are required to pay 25% of the program fee at the time of registration, after approval of scholarship is awarded.

Proof of residency verification and scholarship eligibility MUST accompany application.

Date _____ Parent's Name _____ Address _____

City _____ Zip Code _____ Email _____ Phone _____

I, applicant, am requesting a scholarship for (participant/child's name): _____

Child's Date of Birth: _____ Age: _____ Grade: _____ (during summer, grade child just completed)

Child's Gender: Male Female X Parent's Date of Birth: _____

I, _____, truthfully state I am eligible to receive a scholarship because:
(Parent/Guardian)

- NUSD Free/Reduced Lunch Program Letter – current year (Letters received MUST be dated AFTER JULY 1, 2024)
- My household receives WIC Benefits (Must have a child age 5 or under) My household receives CalFresh Benefits
- My monthly household income meets 2024 low Alameda County eligibility guidelines - please state

Household size: _____ Monthly income amount: _____

Please provide your most recent IRS 10-40 EZ, or recent tax return form for income verification.

Attach proof of eligibility, each time, to this application (i.e. IRS 10-40 EZ Form, Food Stamps, monthly income statement, recent tax return)

Total Family Size	Annually	Monthly	Twice Per Month	Every 2 Weeks	Weekly
1	\$ 27,861	\$ 2,322	\$ 1,161	\$ 1,072	\$ 536
2	\$ 37,814	\$ 3,152	\$ 1,576	\$ 1,455	\$ 728
3	\$ 47,767	\$ 3,981	\$ 1,991	\$ 1,838	\$ 919
4	\$ 57,720	\$ 4,810	\$ 2,405	\$ 2,220	\$ 1,110
5	\$ 67,673	\$ 5,640	\$ 2,820	\$ 2,603	\$ 1,302
6	\$ 77,626	\$ 6,469	\$ 3,235	\$ 2,986	\$ 1,493
7	\$ 87,579	\$ 7,299	\$ 3,650	\$ 3,369	\$ 1,685
8	\$ 97,532	\$ 8,128	\$ 4,064	\$ 3,752	\$ 1,876

Ethnicity (Check all that apply):

- Asian/Pacific Islander Black/African American White (Not of Hispanic Origin)
- Hispanic/Latinx Native/Indigenous American Other Decline to State

If application is approved, the individual is eligible to receive a free Summer Season Family* Membership to the Silliman Activity and Family Aquatic Center. Membership will be valid June 1, 2025 - July 31, 2025. Memberships do *not* automatically renew. Children under the age of 12 must be accompanied by an adult at all times and are not permitted to use the Fitness Center.

Please select which membership type you would like to receive:

Family

If applying for the Summer Season Family Membership, you must fill out the "Family Membership" form at the time of application.

**Scholarship Family Membership includes up to (2) adults (parent/guardian) and (4) children 17 and under. Everyone must live in the same household.*

The information provided is true and correct and the eligibility criterion has been met. Any falsification of information will be cause for immediate and automatic disqualification from this program. Scholarships are awarded as funding is available and this application does not guarantee an award. Customer is responsible for any additional costs (supplies, etc.) that are not covered by the scholarship funds. I understand that my signature below indicates that I have read and understand the policies and procedures of the City of Newark's Recreation and Community Services Scholarship Program. **At any time, staff can request additional information/backup to prove scholarship eligibility.**

Parent/Guardian's Signature: _____ Date: _____

Scholarship Registration Form

Scholarship registration must be **FULLY COMPETED** to be considered for a scholarship. Forms that are not filled out completely will be denied. Classes are subject to availability. Scholarship forms with proof can be emailed to recreation@newark.org or dropped off to the Silliman Center.

Scholarship Refund Policy:

No refunds/transfers of scholarship registered programs unless cancelled by the Recreation Department.

THIS TABLE MUST BE COMPLETELY FILLED OUT

Course Title	Swim Level	Date/Time	Fee
Example: Session 1 Youth Swim 1/18-2/10	2	Tues/Thurs 4:00 pm	\$70

Please include a second-choice option for ALL SWIM LESSONS just in case your first course option is unavailable.

SECOND CHOICE Course Title	Swim Level	Date/Time	Fee

Annual Liability Waiver:

Release of Liability: I understand that my (or my minor child's/ward's) participation in any City activity is voluntary. Further, I understand that participation can be a hazardous activity. I agree that neither I, my successors, assigns, nor anyone acting on my behalf will hold the City of Newark, its officers, agents, employees, or volunteers liable for any injury, accident, or illness arising out of my (my minor child's/ward's) voluntary participation. The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. The City of Newark has declared a local emergency and the State of California has declared a state of emergency due to the COVID-19 pandemic. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact, through touched surfaces, and in airborne particles. I fully understand that my [participation/attendance] [in the event/at the City of Newark facility] exposes me to the risk of being exposed to or infected by COVID-19. I hereby acknowledge the contagious nature of COVID-19, that exposure or infection to COVID-19 may result in personal injury, illness, permanent disability, or death, and that I am voluntarily [participating in this activity/attending this facility] and agree to assume such risks. I hereby release the City of Newark, its officers, agents, employees, or volunteers from and against all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising from my (my minor child's/ward's) participation in the program/activity or any illness/injury resulting there from, and hereby agree to any and all such claims, whether caused by negligence or otherwise. I further understand that the City of Newark is not responsible for Workers Compensation benefits as a result of any injury or illness due to my (my minor child's/ward's) voluntary participation in this activity. The City of Newark reserves the right to photograph and film facilities, activities, and program participants for potential use in our marketing efforts, which may include, but is not limited to, brochures, flyers, social media and the City's website. All marketing materials will remain the property of the City of Newark.

Parent/Guardian Signature: _____ **Date:** _____

Payment: Check made out to the City of Newark Cash Credit Card

Charge Visa Mastercard **Card #** _____ **Exp Date:** _____

Payment will be taken AFTER scholarship is approved. If paying check/cash, you will have 24 hrs. to drop off payment. Month/Year

FOR OFFICE USE ONLY

<u>Cost of the Class</u>	<u>Remaining Scholarship Balance</u>
\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____
<u>Applicant's Portion (25% of class)</u>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	<input type="checkbox"/> Residency Verified
<u>NBC / REC / ARPA SCHOLARSHIP COVERAGE:</u>	<u>If Denied, Reason</u>
\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ Total: _____	_____

Authorized Staff Signature: _____

Date: _____