



City of San Ramon Parks & Community Services Department
Financial Assistance Confidential Application Form
For San Ramon Residents Only

Date: _____

1. What Parks and Community Services Department program are you requesting funding? Please indicate Activity Number and Name of Class.

Activity Number	Class Name	Fee for Class
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Start Date of Activity _____

2. Amount of funding requested \$ _____

3. Participant's Name: _____ Age: _____

4. Address: _____

5. Primary Parent/Guardian Name: _____

6. Home Phone: _____ Work Phone _____

7. Place of Employment: _____

8. Family Size: _____

Names of entire Household:

Name: _____ Age (if under 18): _____

Relationship to Applicant _____

Name: _____ Age (if under 18): _____

Relationship to Applicant _____

Name: _____ Age (if under 18): _____

Relationship to Applicant _____

Name: _____ Age (if under 18): _____

Relationship to Applicant _____

Name: _____ Age (if under 18): _____

Relationship to Applicant _____

Name: _____ Age (if under 18): _____

Relationship to Applicant _____

9. Proof of one of the following programs (please check box(s) that apply):

- Medicaid
- WIC (Women, Infants, and Children)
- Free/Reduced Price School Meals

10. Has your child received San Ramon Parks & Community Services scholarship funding before? Yes No

If Yes, When: _____ Amount \$ _____

11. Comments or additional information you wish to add:

I certify that all statements on this application are true and correct. I understand that false or incorrect statements shall be sufficient cause for disqualification of request.

Signature

Date

All applications must be submitted with all documentation required and a completed registration form with payment by the required deadline date to the Attention of: Stacy Munsell, San Ramon Parks and Community Services Department, 12501 Alcosta Blvd., San Ramon, CA 94583. For more information, please contact Stacy Munsell (925) 973-3226. Applications will not be accepted after the deadline date and will not be accepted without a copy of all required documentation.

FOR OFFICE USE ONLY

Proof of Low Income Program: _____

Residency Verified: _____

Activity Availability Verified: _____

Scholarship Awarded: _____

Amount Awarded: _____

-or-

Reason for Denial:

Approved by Supervisor: Signature

Date

Approved by Director: Signature

Date