

**CITY OF DALY CITY
RECREATION SERVICES**

2023 SUMMER ENRICHMENT PROGRAM SCHOLARSHIP APPLICATION

The Summer Enrichment Program Scholarship was created utilizing funds awarded by San Mateo County's 2023 Summer Enrichment Grant Program. The program is focused on developing the academic, social, emotional and physical needs and interests of students through hands on, engaging learning experiences. Such programs introduce students to learning opportunities and materials, encouraging them to develop new interests and build new skills.

The Summer Enrichment Program Scholarship will be dedicated to improving access to the Summer Youth Recreation Program for socio-economically disadvantaged (SED) students, who are San Mateo County residents. Any scholarship award may ONLY be applied toward weekly Summer Youth Recreation Program fees.

TO APPLY, SUBMIT THIS COMPLETED APPLICATION AND DOCUMENTATION TO ACTIVE@DALYCITY.ORG, OR VISIT OUR ADMINISTRATION OFFICE LOCATED AT 111 LAKE MERCED BOULEVARD, DALY CITY, CA 94015.

**SCHOLARSHIP APPLICATIONS WILL BE CONSIDERED ON A FIRST-COME, FIRST-SERVED BASIS UNTIL
WEDNESDAY, MAY 31, 2023.**

IF APPROVED, SCHOLARSHIP AWARDEES WILL BE CONTACTED BY STAFF.

NAME OF PARENT/GUARDIAN FOR PARTICIPANT(S) REQUESTING A SCHOLARSHIP:

Last Name _____ First Name _____
Address _____ City/State/Zip _____
Phone _____ Email _____

NAME(S) OF PARTICIPANT(S) FOR WHOM A PROGRAM SCHOLARSHIP IS BEING REQUESTED:

Last Name	First Name	Date of Birth	Upcoming Grade

PLEASE ANSWER THE FOLLOWING QUESTIONS, AND PROVIDE DOCUMENTATION FOR YES RESPONSES:

(This will determine the amount of the scholarship awarded.)

- Does the participant(s) have an Individualized Education Program (IEP) or a 504v Plan? YES NO
- Is the participant(s) an English Language Learner (ELL)? YES NO
- Does the participant currently receive assistance from any of the following programs? YES NO
 General Assistance Medi-Cal CalWorks
 WIC School Lunch Program
- Is the participant currently in the foster care system or experiencing homelessness? YES NO

I certify, by signing below, that the above and attached are true and correct.

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

OFFICE USE ONLY:

Date/Time Received: _____ Documentation Reviewed: YES NO Staff Initials _____

Date Inputed: _____ Scholarship Amount: \$ _____ Approved By: _____

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2023 SUMMER ENRICHMENT PROGRAM SCHOLARSHIP
SUPPLEMENTAL QUESTIONS

San Mateo County asks that the following information be collected from applicants and participants of the Summer Enrichment Program. This information will assist the county in evaluating the current grant program in the areas of equity, expanded access, and comprehensive programming. Their goal is to further improve access for socio-economically disadvantaged (SED) students. **The following information will be confidential.**

NUMBER OF PERSONS IN HOUSEHOLD

How many people currently reside in your household? (Include all parents/primary caregiver, child being enrolled, and all siblings living in the home.)

Total Members in Household: _____

ANNUAL HOUSEHOLD INCOME

What is the annual gross income of your household? (Please include income for any member of your household counted in previous question.)

- | | |
|---|--|
| <input type="checkbox"/> Under \$30,000 | <input type="checkbox"/> \$120,001 – \$150,000 |
| <input type="checkbox"/> \$30,000 – \$60,000 | <input type="checkbox"/> \$150,001 – \$180,000 |
| <input type="checkbox"/> \$60,001 – \$90,000 | <input type="checkbox"/> Over \$180,000 |
| <input type="checkbox"/> \$90,001 – \$120,000 | <input type="checkbox"/> Prefer not to respond |

RACE/ETHNICITY

Which of the following does the participant(s) identify with? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Other race or ethnicity (please specify):
_____ |
| <input type="checkbox"/> Hispanic/ Latino | <input type="checkbox"/> Prefer not to respond |
| <input type="checkbox"/> Native American, American Indian or Indigenous | |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | |

LANGUAGES SPOKEN

Which of the following does the participant(s) identify with? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Other language (please specify):
_____ |
| <input type="checkbox"/> Chinese - Mandarin | <input type="checkbox"/> Prefer not to respond |
| <input type="checkbox"/> Chinese - Cantonese | |

GENDER IDENTITY

Which of the following does the participant(s) identify with? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Girl/Woman | <input type="checkbox"/> Non-binary |
| <input type="checkbox"/> Boy/Man | <input type="checkbox"/> Other gender identity (please specify):
_____ |
| <input type="checkbox"/> Transgender (Female-to-Male) | <input type="checkbox"/> Prefer not to respond |
| <input type="checkbox"/> Transgender (Male-to-Female) | |