



# City of Paso Robles Community Services Department

600 Nickerson Drive, Paso Robles CA 93446  
805-237-3988 • FAX 805-237-6424 • www.prcity.com/recreation

Good Until:

(Office Use Only)

## SENIOR SCHOLARSHIP APPLICATION

All scholarships are funded by local organizations and individuals. This is not a City-funded program.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Activity applying for: \_\_\_\_\_

Are you eligible for any of the following programs?

<input type="checkbox"/> SSI/SSD	<input type="checkbox"/> AFDC	<input type="checkbox"/> Public Housing
<input type="checkbox"/> Cal Fresh	<input type="checkbox"/> Medicaid/Medi-Cal	<input type="checkbox"/> Unemployment Insurance

If none of the above programs are checked, but you wish to apply for scholarship funds, please answer the following to explain your need. *(All information provided is kept confidential.)*

Total household income (monthly): \_\_\_\_\_

Number of household members: \_\_\_\_\_

Please give a brief statement of reasons for applying for financial assistance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I understand that all information given will be kept confidential and the information requested on this form is true and accurate.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Approved       50% Scholarship       Other Amount \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Activenet input       Applicant informed       Documentation

Manager's signature \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

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## SENIOR SCHOLARSHIP PROGRAM

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### BENEFIT LENGTH

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You may apply for scholarship awards at any time during the year. The benefit is generally given for a specific program or activity. You may receive a maximum of \$200 per year.

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### CONFIDENTIALITY

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The information you give to the City of Paso Robles Community Services Department will only be used to determine eligibility. All information will remain confidential.

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### AWARD

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Should you be awarded a scholarship, you will be notified by the City of Paso Robles Community Services Department by phone.

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### FAIR HEARING

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If you do not agree with the Department's decision regarding your application, you may wish to discuss it with the Director of Community Services Department for the City of Paso Robles. Please call (805) 237-3988 to make an appointment.

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### ELIGIBILITY SCALE

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Your household gross income at or below the following levels may be eligible for programs or activities at a reduced price:

Household Size	Monthly Income	Annual Income
1	\$1,354 – \$3,600	\$16,250 – \$43,200
2	\$1,546 – \$4,117	\$18,550 – \$49,400
3	\$1,738 – \$4,629	\$20,850 – \$55,550
4	\$2,025 – \$5,142	\$24,300 – \$61,700
5	\$2,370 – \$5,554	\$28,440 – \$66,650
6	\$2,715 – \$5,967	\$32,580 – \$71,600
7	\$3,061 – \$6,379	\$36,730 – \$76,550
8	\$3,408 – \$6,788	\$40,890 – \$81,450

### Questions?

Please contact the City of Paso Robles Recreation Services at (805)237-3988.