



S.T.O.P.
Scholarship Program
(Strive To Optimize Participation)



Mission: Working with schools, churches & other organizations on the Westside, we want to target disadvantaged and disabled youth who need a **financial scholarship** in order to participate. The S.T.O.P. program enables youth who normally cannot participate in programs, a chance. A chance to be part of an outstanding organization. The West Side Recreation & Park District thrives on education, fosters human development, increases cultural unity, and, with financial assistance from local companies, helps children become productive members of society and leaders of tomorrow no matter what their circumstances.

Eligible Programs: Athletic programs, special events, youth activities and classes. For a list of activities currently offered, please see the website www.wsrpd.com. Available programs are subject to change without notice and enrollment may be limited due to class sizes.

Participant Eligibility: Working with schools and other groups, we are looking for a child that is a good student/citizen and comes from a low income family (i.e. free and reduced lunch program, S.S.I.) Families with multiple children may also qualify, regardless of income level.

Classes: Class scholarships will be granted upon availability. Percentages will vary from 25-75%. Please check with the District Office in regards to the class that you are interested in.

Sports: Sports scholarships received prior to registration deadline may be eligible for up to 100% scholarship. Applications received after deadline will be subject to a late fee and maximum scholarship of 25-75%.

Applicant Process: A completed Youth Scholarship Application must be turned in to the West Side Recreation & Park District office at the time of registration.

For more information, please contact West Side Recreation at 661-763-4246.

S.T.O.P. Youth Scholarship Application

Name of Child: _____

Age: _____ Grade: _____ School: _____

Program or Activity: _____

Reason(s) for Application: *(please check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> low income household | <input type="checkbox"/> single parent household |
| <input type="checkbox"/> temporary financial hardship | <input type="checkbox"/> unemployment |
| <input type="checkbox"/> multiple children participating | <input type="checkbox"/> other _____ |

Other Application Remarks: _____

Person Submitting Application: _____

Child's Information

Address: _____

City: _____ Zip: _____

Email: _____ Phone: _____

Parent or Guardian: _____

For Office Use Only

Staff receiving application form: _____ Date: _____

Program or Activity Desired: _____

- Full Scholarship STOP Funds Requested \$ _____
- Partial Scholarship STOP Funds Requested \$ _____ % of fee _____
 Participant Contribution \$ _____ % of fee _____
- Granted
- Denied

Authorized by: _____
(Program Supervisor)

District Administrator: _____

Comments: _____

