

# West Side Recreation & Park District

500 Cascade Place, Taft CA 93268

661-763-4246 \*\* wsrpd@bak.rr.com \*\* www.wsrpd.com



## 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 the financial assistance from local companies, is helping children become productive members of society and the leaders of tomorrow no matter what their circumstances.

**Eligible Programs:** Athletic programs, special events, youth activities and classes. For a list of activities currently being offered, please see the website [www.wsrpd.com](http://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.)

**Applicant Process:** A completed Youth Scholarship Application must be turned in to the West Side Recreation & Park District office prior to the program's registration deadline. Requests turned in to the district office after a deadline has passed will be considered at a later date. **Note: There may also be a S.T.O.P. box located at local school offices where requests can be submitted.**

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

### S.T.O.P. Scholarship Nomination Form

Name of Child/Nominee: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Program or Activity Desired: \_\_\_\_\_

Nomination Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Submitting Nomination: \_\_\_\_\_

Organization/Title: \_\_\_\_\_

**Additional Child/Nominee Information**

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Parent or Guardian: \_\_\_\_\_

**For Office Use Only**

Staff person receiving the nomination form: \_\_\_\_\_ Date: \_\_\_\_\_

Program or Activity Desired: \_\_\_\_\_

Amount needed for participation: \$ \_\_\_\_\_

\_\_\_\_\_ Granted

\_\_\_\_\_ Denied

Authorized by: \_\_\_\_\_  
(Program Supervisor)

District Administrator: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_