



## West Side Recreation & Park District

500 Cascade Place, Taft, CA 93268

District Office, 661-763-4246

Recreation Center, 661-765-6677

info@wsrpd.com \*\* www.wsrpd.com



# STOP Scholarship Program Application

(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 STOP 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](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.) Families with multiple children may also qualify, regardless of income level.

**Applicant Process:** A completed STOP Scholarship Application must be turned in to the WSRPD District Office or Recreation Center prior to the appropriate deadlines and/or at the time of registration.

- Approval at the time of registration will only be given for those requesting assistance with 25% (or less) of fees.
- Application deadline will be two weeks prior to program registration deadline (as advertised). Applications must be submitted prior to registration and are not guaranteed. Use of STOP funds is not guaranteed and must be approved in advance if requesting more assistance than 25% of fees.
- In the case of limited program/class sizes and/or time sensitive registrations, parent/guardian may pay fees in full at time of registration to guarantee participation. A STOP application may be submitted at that time and if approved, a household credit may be given to offset the cost.

### Application Information

Date of 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 _____             |

*continued on reverse →*

How is the STOP Program essential to your participation? The more detail provided, the better! Help us help you!

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

Person Submitting Application: \_\_\_\_\_

Relationship:  Parent/Guardian  Other: \_\_\_\_\_

Are there children ages 0-5 years residing in the applicant's household?  Yes  No

Would your family be interested in other referral services or assistance?  Yes  No

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

Parent or Guardian (if different from above): \_\_\_\_\_

**Financial Assistance Requested:**

- 25% Scholarship      STOP Requested \$ \_\_\_\_\_      Participant Contribution \$ \_\_\_\_\_
- Partial Scholarship      STOP Requested \$ \_\_\_\_\_      Participant Contribution \$ \_\_\_\_\_
- Full Scholarship      STOP Requested \$ \_\_\_\_\_

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**For Office Use Only**

Staff receiving application form: \_\_\_\_\_ Date: \_\_\_\_\_

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

Granted      STOP Coverage Approved \$ \_\_\_\_\_      Participant Contribution \$ \_\_\_\_\_

Denied

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

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

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_