

**City of Stockton
Community Services Department**

Youth Sports / Activity Scholarship Program

User fees support the recreation programs offered by the City of Stockton, Department of Community Services. Participants are required to pay program fees to help offset operating costs. The Community Services Department is committed to making its programs accessible to all segments of the population. To this end, the Department has established a Youth Sports / Activity Scholarship Program to provide subsidies to Stockton residents for our youth programs.

YOUTH SPORTS / ACTIVITY SCHOLARSHIP GUIDELINES

1. The Youth Scholarship Program is limited to Stockton residents ages 17 and under.
2. Youth Scholarship discount is available for City of Stockton program registration fees only. Funds are not available for instructional classes, supplies or other associated costs.
3. Youth Scholarships will assist with 25% of individual participant registration fees.
4. Youth Scholarship funds are limited.

ELIGIBILITY REQUIREMENTS

To qualify for a 25% scholarship, the parent or guardian of the applicant must complete and submit the following forms at Rue, Seifert, Stribley, or Van Buskirk Community Centers:

1. City of Stockton Youth Sports / Activity Scholarship Form
2. City of Stockton registration form for each sport or activity per participant.

The 25% scholarship will be applied at the time of registration by a City of Stockton employee at the Community Services Department main office located in the Cesar Chavez Library, Rue, Seifert, Stribley, or Van Buskirk Community Centers. The remaining balance will be due and payable at the time of registration.



Youth Sports Scholarship Application

Name of Participant _____

Birth date of Participant - Month/Date/ Year _____ Age _____

Parent or legal guardian name _____

Address of parent or legal guardian _____

Home Phone #: _____ Alternate Phone#: _____

Email address: _____

Program(s) for which Youth Scholarship Grant is to be used:

Program title and date: _____

Program title and date: _____

Program title and date: _____

I would like to volunteer as a coach or assistant Yes _____ No _____

If yes, please specify sport _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received: _____ Date Approved: _____

Sport / Activity Approved: _____

Discount Approved by: _____
(employee name)

Regular Program Fee: \$ _____
Less 25% \$ _____
Total Participant Fee: \$ _____
Paid Cash \$ _____
Paid Check # _____ \$ _____
Paid Credit/ Debit Card \$ _____

Program Manager Signature: _____ Date: _____

