Recreation Request for Financial Assistance

Our mission is to enrich the quality of life for our community by preserving and enhancing recreational opportunities, parks & open space. The ConejoRPD Financial Assistance Program was designed to give all children in the Conejo Valley an opportunity to participate in recreational programs. Scholarships are available to Conejo Valley residents who live in the Conejo Recreation & Park District's boundaries (Thousand Oaks, Newbury Park and the Ventura County portion of Westlake Village). Not all classes are eligible for financial assistance. Please check with staff to see which classes apply. Qualification is based on total family gross income and the number of your dependents. How much you receive in financial assistance is based on household income. The Conejo Recreation & Park District reserves the right to accept or reject any application.

HOW TO APPLY

☐ Complete Confidential Request for Financial Assistance Form.
☐ Complete ConejoRPD registration form.
☐ Submit letter explaining the need for financial assistance and how it would assist your family.
☐ Show proof of residence (i.e. California-issued ID or Driver’s License, utility bill, rental agreement, etc.).
☐ Provide proof of income (submit a copy of the first page of your most current 1040 income tax form showing total income and number in household. Please block out all social security numbers prior to submittal.).
☐ Submit completed paperwork. Staff initial: _________ Date received: _______

GENERAL GUIDELINES:

• Applying for financial assistance does not guarantee approval.
• Requests are limited to two programs per child per program guide season.
• Requests will be held until a class meets minimum enrollment.
• Participant may not attend class until you are notified of approval.
• Lab fees and non-refundable registration fees for pre-school and camp, are not included in the assistance program and must be paid in full.
• Financial assistance is for youth and Therapeutic programs participants.
• Check with staff to see which classes are eligible for financial assistance.

Financial Assistance is provided to you in part by: Play Conejo, a non-profit 501©(3) public charitable organization, supporting a Conejo Valley where everyone has the opportunity to play, recreate, socialize, connect, and pursue health in high-quality traditional and non-traditional facilities, outdoor spaces, and programs

If you have any additional questions, please call or stop by the office.

Sincerely,

Rochelle Callis
Administrator, Recreation & Community Services
Conejo Recreation and Park District
rcallis@crpd.org, 805-495-6471
CONFIDENTIAL REQUEST FOR FINANCIAL ASSISTANCE FORM

Parents/Guardians Names: ________________________________________________________________

Name(s) Recipient(s): ________________________________________________________________

Number of Household Members: ___________________________ Total annual household income: ______________

Address: ___________________________________________ City: ___________________________ Zip: __________

Phone: ___________________________________________ email: ________________________________

Have you received assistance before? Y ☐ N ☐

Maximum Income Guidelines*:

<table>
<thead>
<tr>
<th>Number of Household Members</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person*</td>
<td>$35,500*</td>
</tr>
<tr>
<td>2 persons</td>
<td>$40,600</td>
</tr>
<tr>
<td>3 persons</td>
<td>$45,650</td>
</tr>
<tr>
<td>4 persons</td>
<td>$50,700</td>
</tr>
<tr>
<td>5 persons</td>
<td>$54,800</td>
</tr>
<tr>
<td>6 persons</td>
<td>$58,850</td>
</tr>
</tbody>
</table>

*Therapeutics only

(*Guidelines based on H.U.D.’s 2018 Ventura County Income Limits)

I certify that all the information is true and correct and that all income is reported. I understand that this information is given for the receipt of Conejo Recreation & Park District funds, and the District officials and/or their designees will verify the information on the application. I understand that deliberate misrepresentation on this application will result in immediate cancellation of fee waiver and I will be responsible for total fee of program. I understand that applying for financial assistance does not guarantee acceptance.

______________________________ Date

Signature of Parent/Guardian

Print Name
Internal Financial Assistance

Scholarship Percentage Approval Chart 2018 - 2019

The following guidelines are used to determine the percentage of scholarship that is offered to a financial assistance applicant. All applicants are required to pay non-refundable registration fees (i.e. deposits), regardless of the scholarship offered.

If you desire to offer a scholarship outside of the approved percentages listed below based on an individual's unique hardship, please discuss with your Service Manager for approval.

2018 - 2019 Financial Assistance Income Guidelines:

<table>
<thead>
<tr>
<th>Single Household TR Only</th>
<th>2 Person Household</th>
<th>3 Person Household</th>
<th>4 Person Household</th>
<th>5 Person Household</th>
<th>6 Person Household</th>
<th>Approved Discount %</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25,500 and below</td>
<td>$30,600 and below</td>
<td>$35,650 and below</td>
<td>$40,700 and below</td>
<td>$44,800 and below</td>
<td>$48,850 and below</td>
<td>50%</td>
</tr>
<tr>
<td>$25,501 -</td>
<td>$30,601</td>
<td>$35,651</td>
<td>$40,701</td>
<td>$44,801</td>
<td>$48,851</td>
<td>40%</td>
</tr>
<tr>
<td>$30,500 -</td>
<td>$35,600</td>
<td>$40,650</td>
<td>$45,700</td>
<td>$49,800</td>
<td>$53,850</td>
<td></td>
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<td>$53,851</td>
<td>30%</td>
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<td>$58,850</td>
<td></td>
</tr>
</tbody>
</table>
FINANCIAL ASSISTANCE APPROVAL FORM

INTERNAL DOCUMENT ONLY

Comments from conversation with patron and follow-up or instructor: (Include: How much they can pay; Verification of program requests; Approval of instructor; Limitations; etc.)

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Total Cost of Program = $____________________

Value of Fee Waiver = $____________________  Discount %____________________

Patron’s Portion = $____________________

Total fee waivers for this year for this unit (July – June) $____________________

Supervisor Signature  Date  Service Manager Signature  Date

Administrator  Date  General Manager  Date

Forms/Updated/Confidential Request for Financial Assistance 2018