



Recreation Scholarship Fund

The Recreation Scholarship Fund helps ensure that all people, regardless of ability to pay, have access to programs that enrich lives and teach life-long lessons. Donations to this fund help a child learn to swim, play on a team, practice life skills or discover a new talent.

IVRPD makes every effort to provide scholarships to any individual who requests one. However, the scholarship fund is limited and the IVRPD Board must often make the difficult decision to deny a request.

IVRPD uses the WIC Income Eligibility Guidelines to assist in determining eligibility. This is a guideline only. Income outside these guidelines *does not mean immediate ineligibility*. The board decides on a case by case basis and all persons are encouraged to apply.

As proof of income you will need to provide a copy of a recent paystub, bank statement, WIC Card, *or* MediCal Card

Persons in Family or Household Size	Monthly
1	\$1,670
2	2,247
3	2,823
4	3,400
5	3,976
6	4,553
7	5,130
8	5,706
Each Add'l Member Add	+577

Information retrieved from
<http://www.fns.usda.gov/wic/howtoapply/incomeguidelines.htm>

Persons receiving a scholarship are expected to maintain good attendance to classes. Two absences (during a six-week course) are allowed. Further absences could result in revocation of the scholarship, at which time payment for any classes attended will be required.

If you, or someone you know, would like to donate to the Recreational Scholarship Fund, checks may be payable to IVRPD and sent to PO Box 928, Greenville, CA 95947.

Thank You,

Dawnette Dryer
 Director, IVRPD



Scholarship Request Form

Scholarships are at the sole discretion of the IVRPD Board of Directors. All information provided will remain confidential and will be used for statistical purposes only.

Print name of person completing this application

First Name _____ Last Name _____ DOB _____

Phone: Day _____ Cell _____ Email: _____

Address _____ City _____ Zip _____

Employed by _____

Household Members & Gross Monthly Income

Number in Household: Adults _____ Children _____

List all household members earning monthly income	Monthly Income (total wages before deductions)	Monthly child support, welfare, alimony	Monthly pensions, social security, retirement	Other Income (including unemployment & workers comp.)
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$

Please list all family members who will be using the scholarship (use reverse side if necessary).

First Name	Last Name	Date of Birth	Class	Amount Requested
1.				
2.				
3.				
4.				
5.				

I certify that the above information is true and correct and that all household income is reported. I will notify IVRPD of any changes in income or family size.

Signature

Date

Approved: _____ Denied: _____ Authorized by: _____ Date: _____