

**UNIVERSITY OF CALIFORNIA, BERKELEY**  
**UNIVERSITY VILLAGE RECREATION PROGRAMS**  
*Youth Financial Assistance Application*

**DIRECTIONS/INFORMATION:** The University Village Recreation Program Office provides limited financial assistance for children to participate in our programs. The amount of financial assistance available varies from partial to a full scholarship. Financial assistance awards are based on financial need, merit and amount of monies available. Submit the completed form to the University Village Recreation Office before the beginning of the programs first class. Completion of this application is not a guarantee of participation because there are only a limited number of scholarships available. All applications will be confidential. You will be notified by phone when a decision has been made. Applications should be returned to: University Village Recreation Office 1125 Jackson Street Albany, CA 94706.

**GENERAL INFORMATION ON CHILD**

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Parent(s) / Guardian(s) Full Name(s) \_\_\_\_\_

Main Telephone \_\_\_\_\_ Email \_\_\_\_\_

Child lives with Mother Father Both Guardian # of Children at Home \_\_\_\_\_

Are you available for volunteer work? Yes No

If Yes, what days and times would you be available? \_\_\_\_\_

What skill or type of work can you do? \_\_\_\_\_

**PROGRAM INFORMATION**

Program Name	Day(s)	Time	Session #	Session Dates

**ELIGIBILITY INFORMATION**

Please submit the following documents to the Village Office to be considered for financial assistance.

- Completed and Signed Financial Assistance Application
- Completed and Signed Registration/Enrollment Form
- Copies of statements and applications that can provide information to clarify financial need (i.e., W2 Forms, Bank Statements, Financial Aid Letter, AFDC Award Letters, etc.)
- Letter from parent or guardian explaining why you feel assistance is needed and how the child would benefit from the participation in the program

**FAMILY RECEIVES PUBLIC ASSISTANCE.** Check off any and all applicable forms.

AFDC Social Security Disability Unemployment Other: \_\_\_\_\_

**LOW INCOME.** Total Number in Family \_\_\_\_\_ Total Family Income \$ \_\_\_\_\_

Child support or additional income (must include ALL grants, fellowships, TA's, Work Study or any additional income. \$ \_\_\_\_\_

Mother's / Guardian Occupation \_\_\_\_\_ Father's / Guardian Occupation \_\_\_\_\_

*I certify that the above information is correct.*

Parent/Guardian Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Date \_\_\_\_\_