



Let Us Help!

Thank you for your interest in the Lemoore Youth Recreation Fund. We offer financial assistance to individuals and families who are not able to pay full fees for programs.

Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.

Funds are made possible through generous donations from individuals, service clubs, and community members and businesses.

Please Note:

Applications must be submitted with all required documentation. Incomplete applications cannot be processed. All financial assistance is distributed on a case-by-case, first-come, first-served basis.

Please return this application to Parks and Recreation: 721 W. Cinnamon Dr. Lemoore CA 93245 You will receive a phone call/email within 3 weeks regarding your qualification and next steps.

Want to give?

We rely heavily on donations and fundraisers to replenish funds. If you are interested in donating please contact us at, 559.924.6744 Opt. 2 or email, parksandrecreation@lemoore.com Funds may not be available at times. In this situation your application will be placed on a waiting list until are available. The Recreation manger has the final approval on all applications. Unfortunately not all applications are guaranteed to receive funding.

Recreation Funding Guidelines

Each child is eligible for up to \$150 in recreational funding per fiscal year (July 1 to June 30).

Program costs are covered using a 70/30 split:

The Recreation Fund pays 70%

The Participant pays 30%

Example:

If a program costs \$120, the Recreation Fund will cover \$84 (70%), and you will pay \$36 (30%).

Please Note: The \$150 maximum applies per person, per fiscal year. A new application will need to be submitted each fiscal year, and previous approval does not guarantee re-approval.

APPLICATION CHECKLIST

Please initial each checkbox to verify completion of your application.

Please mark out all social security numbers, tax ID numbers and/ or credit card numbers before submitting any paperwork.

INITIALS

Required: Completed Scholarship Application form

Including; Explanation of Benefits, Income & Expense Worksheet and signed Acknowledgment

INITIALS

Required: Most recent tax return from each adult in the household, or Verification of Non-Filing from IRS if you did not file

- If you **do not/did not** file federal income taxes, please call 1-800-TAX-FORM (1-800-829-1040) for a verification of non-filing or go to IRS.gov for other information
- Only the 1st page of your IRS-1040 Form is **needed**
- If all adults in the household **did not** file jointly, a separate tax form is required for each adult.
- **Note:** if you receive Supplemental Security Income (SSI), then verification from IRS is not required

INITIALS

Required (if employed): Paycheck Stubs from the last 2 pay periods for each adult in the household OR letter from your employer verifying your employment and stating your salary/wage rate

INITIALS

If Applicable: Documentation of any other income such as SSI, SSDI, unemployment, pension, child support, student loans/aid, food stamps, alimony, etc.

INITIALS

If Applicable: Layoff Notice from employer, note from case manager, transition house or student schedule etc.

OFFICE USE ONLY

RECEIVING STAFF: _____ DATE RECEIVED: ____/____/____

APPROVED:

☐ YES _____% amount off \$ _____ PROGRAM APPROVED FOR: _____

DATES OF APPROVAL: _____

☐ NO **DECLINED REASON:** _____

APPROVED BY: _____

DATE: ____/____/____

WHAT ARE YOU APPLYING FOR?

☐ Youth/Student

PRIMARY APPLICANT	
NAME:	BIRTH DATE:
ADDRESS:	CITY/STATE/ZIP
PHONE NUMBER	EMAIL:
EMPLOYER:	

SECONDARY APLICANT (IF APPLICABLE)	
NAME:	BIRTH DATE:
ADDRESS:	CITY/STATE/ZIP
PHONE NUMBER	EMAIL:
EMPLOYER:	

HOUSEHOLD MEMEBERS					
FIRST NAME	LAST NAME	DOB	DEPENDENT Y/N	RELATIONSHIP	ASSISTANCE NEEDED Y/N

PLEASE SHARE WHY YOU ARE REQUESTING FINANCIAL ASSISTANCE (REQUIRED)

EXPLAIN WHY/HOW, BESIDES FINANCIALLY, YOU WOULD BENEFIT FROM PARTICIPATING**INCOME & EXPENSES**

INCOME	PRIMARY ADULT INCOME (MONTHLY)	SECONDARY ADULT INCOME (MONTHLY)
SALARY/WAGES	\$	\$
UNEMPLOYMENT	\$	\$
SOCIAL SECURITY	\$	\$
CHILD SUPPORT	\$	\$
FOOD STAMPS	\$	\$
SPOUSAL SUPPORT	\$	\$
SCHOOL LOAN/AID	\$	\$
HOUSING ALLOWANCE	\$	\$
OTHER	\$	\$
TOTAL INCOME	\$	\$

EXPENSES	MONTHLY EXPENSE
HOUSING	\$
GROCERIES	\$
MEDICAL	\$
UTILITIES	\$
TRANSPORTATION	\$
CHILD CARE	\$
OTHER	\$
TOTAL EXPENSES	\$

Application is for individuals/couples living at the same address and sharing the same financial information. Assistance will only be given for those whose names appear on the supporting financial documents.

ACKNOWLEDGMENT

I acknowledge that all of the above information is true to the best of my knowledge. I UNDERSTAND THAT THE COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE THAT I WILL RECEIVE A FINANCIAL ASSISTANCE. I understand that my approved Youth Recreation Fund monies will be effective for six months from my approval date at which time I must reapply if I require further assistance. I certify that the above information is accurate and complete and I authorize the City of Lemoore to verify the above information. I am aware that this application doesn't mean that I am automatically signed up for the chosen program, payment must be made in order to be registered.

SIGNATURE OF PRIMARY APPLICANT

DATE

SIGNATURE OF SECONDARY APPLICANT

DATE