

Union City Leisure Services
SUPPORT OUR KIDS (S.O.K.) SCHOLARSHIP FUND APPLICATION
AFTERNOONS WITH CLUB UNE

Parent/Guardian: Last Name _____ First Name _____ Phone _____

Address: _____ City: _____ Zip Code _____

Applicant's relationship to participant: Parent Guardian Other: (Please Specify) _____

Does participant live with you at above address? Yes No If no, please explain _____

Have you participated in our scholarship program in the past? Yes No

Is participant currently enrolled in the Afternoons with Club Une program? Yes No

Middle School participant attends (please circle): Alvarado Barnard-White Cesar Chavez

Participant(s) Name	Date of Birth	Gender	Grade Level	Class Code	Listed Fee	Scholarship Amount: 100%

Verification of eligibility for scholarship funds:

School Meal Assistance

Participant is eligible for (**please circle**): Free Meals Reduced Meals

(Attach a copy of the current Notice of Eligibility for School Meals – copies are available from the New Haven Unified School District Office)

Please provide additional evidence of low income eligibility for your family. This information will be treated as confidential information.

Monthly Income: _____ Rent/Mortgage: _____

Other: _____

How many individuals in your family (including yourself) are supported by your income? _____

Number of adults in household _____

Applications will be processed on a first come/first served basis, until funding is depleted. Participants must be enrolled in a New Haven Unified School District Middle School to qualify for this program.

Qualified applicants will be considered without regard to race, color, ancestry, religion, national origin, sex, age, disability, medical condition or marital status. In accordance with the American's Disabilities Act (ADA), if special accommodations are necessary at any stage of the application process, please provide the Leisure Services Department with advance notice and every attempt will be made to consider your request.

I hereby certify that all information is accurate and the annual family income indicated above represents all means of support from employment income and government assistance.

Signature: _____

Date: _____

Please note: A completed Leisure Services or Club Une registration form must be included with scholarship application. Scholarship applications will be processed within 10 working days. Applicants will be notified of approval or denial by phone.