



North of the River

recreation and park district

NORTH OF THE RIVER RECREATION AND PARK DISTRICT
405 Galaxy Avenue Phone 392-2000
Bakersfield, California 93308

SCHOLARSHIP APPLICATION

Program Name: _____ Program Cost: _____

Participant(s) Name: _____

Name of Adult Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Number in Household: _____ Combined Annual Income: _____

I certify that all of the information on this form is true and correct and that all income is reported. I understand that this information is being given for the receipt of government funds and that District officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Applicant

Date

PLEASE NOTE: ALL SCHOLARSHIP APPLICATIONS MUST BE ACCOMPANIED WITH VERIFICATION THAT YOUR CHILD IS ON THE FREE OR REDUCED LUNCH PROGRAM AT HIS/HER SCHOOL. THIS VERIFICATION MAY BE OBTAINED FROM THE SCHOOL OFFICE.