



# Rialto Community Services Scholarship Application

Entry Date: \_\_\_/\_\_\_/\_\_\_      Expiration Date: \_\_\_/\_\_\_/\_\_\_  
Office Use: Member# \_\_\_\_\_  
Receipt Number for activity enrollment: \_\_\_\_\_

CHECK One:    **01: Sports Program**    **02: Classes**    **03: Other**  
*Proof of Rialto Residency Required\**

**PARTICIPANT INFORMATION:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Gender:  M  F    Date of Birth: \_\_\_/\_\_\_/\_\_\_    School: \_\_\_\_\_    Grade: \_\_\_\_\_  
Address: \_\_\_\_\_    Apt or Unit#: \_\_\_\_\_  
City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_    Email: \_\_\_\_\_

Is this child eligible to receive free or reduced lunch at school?    Yes    No

PLEASE CHECK ONE:

Multi-Racial       Hispanic       Caucasian/White  
 Native American       African-American       Asian-American       Other

PRIMARY CONTACT	SECONDARY CONTACT
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Emergency Contact: <input type="checkbox"/> Authorized Pick up <input type="checkbox"/>	Emergency Contact: <input type="checkbox"/> Authorized Pick up <input type="checkbox"/>
Works At: _____	Works At: _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

**OFFICE USE ONLY**

STAFF NAME: \_\_\_\_\_      DATE: \_\_\_\_\_

DIRECTORS APPROVAL: \_\_\_\_\_



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Office Use: Member# _____	
Receipt Number for enrollment: _____	

## HOUSEHOLD INFORMATION

Lives with (check all that apply):  Mother  Father  Stepmother  Stepfather  
 Grandparents  Foster Parents  Guardian  Other

Annual Income (Check all that apply):  \$0-\$10,000  \$10,001-\$20,000  \$20,001-\$30,000  
 \$30,001-\$40,000  \$40,001-\$50,000  \$50,001-\$60,000  
 \$60,001-\$70,000  \$70,001-\$80,000  \$80,001-\$90,000  
 \$90,001+

Head of Household:  Male  Female

Single Parent:  Yes  No

Number of People in household: \_\_\_\_\_ Number of Children in Household: \_\_\_\_\_

WAIVER: (to be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent for my child, named above, participating in the above activity, and I hereby execute the above agreement, waiver and release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the City of Rialto Community Services Department, its officers, employees and agents free and harmless from any loss, liability, negligence, damage, cost or expense which they may incur and result in the death or any injury or property damage that said minor may sustain while participating in said activity. The City of Rialto reserves the right to photograph all program participants and use these photos in any issue of the City's recreation brochure or other City publications/marketing without the expressed written consent of the individuals.

\_\_\_\_\_ Parent/Guardian Initial

## WHAT SIZE T-SHIRT DOES YOUR CHILD WEAR?

YOUTH SIZE:  Small  Medium  Large  X-Large

ADULT SIZE:  Small  Medium  Large  X-Large

## ACKNOWLEDGEMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT STATEMENTS MADE ON THIS FORM ARE TRUE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

Return completed application to recreation@rialto.ca.gov or deliver to 214 N. Palm Ave. Rialto, CA 92376