



Youth Scholarship Program Application

Partners of Parks assists children who, for financial reasons, cannot afford to attend a City of Long Beach Parks, Recreation and Marine class or program. To qualify for support:

- Youth must be between the ages of 5-17 and must reside in the City of Long Beach.
- Youth may request assistance for classes or camps for a **MAXIMUM** total value of \$150 per year, per child. A year is defined as POP's fiscal year, (July 1 - June 30.)
- These funds cannot be used for childcare programs.
- Your family must meet low-income levels for youths to be eligible for scholarships.
- I certify that my child(ren) is/are eligible for the free or reduced price meal/lunch at this Long Beach Unified School:

School name: _____

Signature: _____

If a class is full, the PRM registration office will contact you to arrange for another class.

REQUEST MUST BE SUBMITTED TWO WEEKS PRIOR TO THE STARTING DATE OF THE CLASS OR CAMP

Main Contact

Check this box if address or phone number has changed.

Print Name: _____ Address: _____

City _____ Zip _____ Main Phone (_____) _____ Work Phone (_____) _____

Birth Date: _____ E-mail Address _____

For valuable consideration, I for myself, my successors, heirs, assigns, executors, spouse, administrators & next of kin **covenant not to sue, release, waive & discharge** the City of Long Beach, the Parks and Recreation Commission, their officials and employees ("City") from all liability, loss, damage, claims, demands, causes of action, costs & expenses including attorney's fees against City arising from my or my child(ren)'s participation in class & transportation connected with class; I **assume** all risks of personal injury & death including medical/hospital bills & damage to personal property arising from my or my child(ren)'s participation in class & transportation connected with class except if injury/death is caused by City's gross negligence. I understand that City provides no insurance for participants. **By signing below**, I acknowledge that I've read this Release, understand that I give up certain rights and sign voluntarily.

Signature _____ Date _____

Please list separately additional family members living with the Main Contact.

Last Name	First Name	Birthdate	Male/Female (circle one)
1			M / F
2			M / F
3			M / F
4			M / F

Class #	Student Name	Class Name	Day(s)	Start Date	Time	Fee
Total						\$

Return completed form to:

Partners of Parks, 1150 E. Fourth St., Long Beach, CA 90802 or
Parks, Recreation and Marine Administration, 2760 N. Studebaker Rd., Long Beach, CA 90815-1697

For scholarship questions only, please call (562) 570-3209.