Parks & Recreation Department
9291 Old Redwood Hwy, Bldg. 300D
Windsor, CA 95492
(707) 838-1260
www.townofwindsor.com/recreation

**APRIL 1, 2026 – MARCH 31, 2027**

# RECREATION SCHOLARSHIP PROGRAM APPLICATION

| | | |
|---|---|---|
| **Application Date:** | **Primary Contact:**<br>First Name: | Last Name: |
| **Qualified Child Recipient(s):**<br>First Name: | Last Name: | DOB: |
| First Name: | Last Name: | DOB: |
| **Address:** | | |
| City: | State: | Zip Code: |
| **Primary Phone:** | Secondary Phone: | |
| **Email Address:** | | |

Qualification for the scholarship program will be determined by financial need and residency.
Please provide documentation in each of the two below categories **with this** application:

1. Proof of Financial need (**At least one of the following**):
   ___ ~~Proof of participation in National School Lunch Program (NSLP) qualifying for free or reduced meals through school~~ *(currently free to all school age children)*
   ___AFDC: Aid to Families with Dependent Children Program
   ___County Relief, General Relief (G.R.) or General Assistance
   ___CalFresh (Formerly Food Stamps) – Must provide proof of eligibility within the past 60 days.
   ___W.I.C. (Women, Infants and Children) – Must provide proof of eligibility within the past 30 days.

2. Proof of Residency or Attendant at Windsor Unified School District
   ___A current utility bill *(dated within the last 60 days)* ***and*** a picture ID
   ___Letter of Attendance

**- Office Use Only –**

Date Received: _____ Received by: _____

Documentation Received (attach copies): _____

Approved: YES NO Entered Scholarship: Notes (Primary Acct) ❒ Alert (Participant) ❒ Excel Entry: ❒

Amt Received: _____ Date: _____ Amt Remaining: _____ Excel Entry ❒ Notes Entered ❒

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Approved by: _____ Date Approved: _____