



### Recreation Program Assistance Eligibility

Who qualifies? Any GDRD resident (0-17) who meets the age requirements of the specific program, who would not otherwise be able to pay for the program, or for whom payment would result in the family applying money which should be used for other pressing needs, or is referred to the program to provide benefits that would assist in reducing the child from being “at-risk”.

The family income must be under a certain amount patterned after the formula established by the State Department of Education for subsidized programs as currently reflected in the table below:

Family Size	1	2	3	4	5	6	7	8
Monthly Income	\$1575	\$2111	\$2648	\$3184	\$3721	\$4257	\$4794	\$5330

### The Application and Selection Process

The parent or legal guardian of a candidate must complete the Recreation Assistance Fund application and **submit proof of income or verification that the family is receiving state or federal aid, or otherwise meets income eligibility.** Applicants will be notified ASAP after submitting an application.

The Recreation Assistance Fund is provided by local organizations, businesses, and individuals. There may not be enough funds to provide for all families who meet eligibility requirements.

Commitment on the part of the family and individual or participant in the program once assistance is provided is very important. For this reason, all recipients, who receive 100% support, will be strongly urged to contribute a small amount back into the fund when they are able, or to provide volunteer services to the GDRD in a manner mutually agreed upon.

GDRD will provide eligibility verification for GDRD Community Partner activities, so that the Community Partner group can provide for reduced fees.

The GDRD General Manager will be responsible for administering the Recreation Assistance Fund. **At all times, the dignity and privacy of applicants and their families will be respected throughout the process.**

**VERIFICATION:**

Applications must be accompanied by copies of the following:

- Valid driver's license or identification card
- A utility bill (i.e. electricity, water, refuse)
- First page of a current 1040 Federal income tax return form and supporting W-2's or other tax form that verifies annual total household income
- Current pay stub

The GDRD, at its sole discretion may accept other forms of income verification. All applications and attachments are confidential and filed with the GDRD for the exclusive purpose of issuing the Youth Program Assistance.

**PROGRAMS ELIGIBLE FOR ASSISTANCE:**

Programs directly offered by the GDRD will be offered at a discount to children of **resident** families that complete the **APPLICATION FOR REDUCED PROGRAM FEES FOR GDRD RESIDENTS** and are eligible for the reduced fees. The GDRD reserves the right to limit eligibility. Commitment on the part of the family and individual or participate in the program once assistance is provided is very important. For this reason, all recipients, who receive 100% support, will be strongly urged to contribute a small amount back into the fund when they are able, or to provide volunteer services to the GDRD in a manner mutually agreed upon.

The dignity and privacy of applicants and their families will be respected throughout the process and at all times.

**NONDISCRIMINATION:**

Children that receive reduced program fees will be treated in the same manner as those children who pay full price for the same service. No child will be discriminated against because of race, sex, color, national origin, age, or disability. Family members will be asked to present proof of a GDRD issued youth program assistance when registering for or attending approved activities.

**CONFIDENTIALITY:**

The information provided on the **APPLICATION FOR REDUCED PROGRAM FEES FOR GDRD RESIDENTS** will not be given to anyone that is not part of the GDRD administrative staff. The information will be used only to decide if the child is eligible to receive reduced program fees.

**GEORGETOWN DIVIDE RECREATION DISTRICT**

**Recreation Activities Fund Application**

**Youth 0-17 years old**

Please complete application and return to:  
**Georgetown Divide Recreation District**  
**4401 Highway 193**  
**Greenwood, CA 95635**

For GDRD Use Only: Household Size: _____
Eligibility Determination: _____
Approved: _____ Amount: _____
Authorized by: _____ Date: _____

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Print last name first)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Email: \_\_\_\_\_ CHILDREN(S) INFORMATION**

Last Name First	DOB	Grade	Last Name First	DOB	Grade
1. _____			4. _____		
2. _____			5. _____		
3. _____			6. _____		

**HOUSEHOLD MEMEBERS AND ANNUAL INCOME:**

List all adult household members and indicate the amount of ANNUAL INCOME. (Including gross earnings from work, pensions, retirement, social security, welfare benefits, child support, alimony payments or other income.)

Last Name First	Total Household Annual Income
1. _____	_____
2. _____	_____
3. _____	_____

**Which activity(s) will your children participate in?**

- Youth Basketball    
 Divide Little League    
 Gold Country Girls Softball    
 Gold Nugget Soccer  
 Other \_\_\_\_\_

**ALL HOUSEHOLDS READ AND COMPLETE THIS SECTION**

Application for reduced fees may be submitted at any time. Family members will be asked to present proof of GDRD issued Recreation Activities Fund assistance when registering for approved activities. Verification efforts may include checking the documentation produced by household members to prove the amount of income received. If incorrect information is reported, verification checks may result in a loss of benefits, claims for reimbursement or legal actions.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of reduced fees on GDRD programs and that officials may verify the information on the application. Deliberate misrepresentation of the information on this form may subject me to prosecution under applicable State and Federal Laws.

\* \_\_\_\_\_  
Signature of adult household member completing this form

Date \_\_\_\_\_