



Silliman Activity and Family Aquatic Center 6800 Mowry Avenue, Newark, CA 94560, 510-578-4620, www.newark.org

2025-2026 Youth Activities Scholarship Application

The Newark Recreation Scholarship Program is for any youth (age 17 or younger) residing in Newark who wishes to participate in a Newark Recreation and Community Services Department program, but has financial constraints. Approved applications are eligible for a maximum assistance of \$300 per individual per Fiscal year (July 1st -June 30th). There will be a maximum of 6 children per family.

Proof of residency verification and scholarship eligibility MUST accompany application.

Date \_\_\_\_\_ Parent's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

I, applicant, am requesting a scholarship for (participant/child's name): \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (during summer, grade child just completed)

Child's Gender:  Male  Female  X Parent's Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, truthfully state I am eligible to receive a scholarship because:
(Parent/Guardian)

- My household receives WIC Benefits (Must have a child age 5 or under)
My household receives CalFresh Benefits
My monthly household income meets 2025 low Alameda County eligibility guidelines - please state

Household size: \_\_\_\_\_ Monthly income amount: \_\_\_\_\_

Please provide your most recent IRS 10-40 EZ, or recent tax return form for income verification.

Attach proof of eligibility, each time, to this application (i.e. IRS 10-40 EZ Form, Food Stamps, monthly income statement, recent tax return)

Table with 6 columns: Total Family Size, Annually, Monthly, Twice Per Month, Every 2 Weeks, Weekly. Rows 1-8 showing income levels.

Ethnicity (Check all that apply):

- Asian/Pacific Islander Black/African American White (Not of Hispanic Origin)
Hispanic/Latinx Native/Indigenous American Other Decline to State

The information provided is true and correct and the eligibility criterion has been met. Any falsification of information will be cause for immediate and automatic disqualification from this program. Scholarships are awarded as funding is available and this application does not guarantee an award. Customer is responsible for any additional costs (supplies, etc.) that are not covered by the scholarship funds. I understand that my signature below indicates that I have read and understand the policies and procedures of the City of Newark's Recreation and Community Services Scholarship Program. At any time, staff can request additional information/ backup to prove scholarship eligibility.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Scholarship Registration Form

Scholarship registration must be **FULLY COMPLETED** to be considered for a scholarship. Forms that are not filled out completely will be denied. Classes are subject to availability. Scholarship forms with proof can be emailed to [recreation@newark.org](mailto:recreation@newark.org) or dropped off to the Clark W. Redeker Newark Senior Center.

### Scholarship Refund Policy:

No refunds/transfers of scholarship registered programs unless cancelled by the Recreation Department.

**THIS TABLE MUST BE COMPLETELY FILLED OUT**

Course Title	Swim Level	Date/Time	Fee
<b>Example: Session 1 Youth Swim 1/18-2/10</b>	<b>2</b>	<b>Tues/Thurs 4:00 pm</b>	<b>\$70</b>

**Please include a second-choice option for ALL SWIM LESSONS just in case your first course option is unavailable.**

SECOND CHOICE Course Title	Swim Level	Date/Time	Fee

### Annual Liability Waiver:

Release of Liability: I understand that my (or my minor child's/ward's) participation in any City activity is voluntary. Further, I understand that participation can be a hazardous activity. I agree that neither I, my successors, assigns, nor anyone acting on my behalf will hold the City of Newark, its officers, agents, employees, or volunteers liable for any injury, accident, or illness arising out of my (my minor child's/ward's) voluntary participation. The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. The City of Newark has declared a local emergency and the State of California has declared a state of emergency due to the COVID-19 pandemic. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact, through touched surfaces, and in airborne particles. I fully understand that my [participation/attendance] [in the event/at the City of Newark facility] exposes me to the risk of being exposed to or infected by COVID-19. I hereby acknowledge the contagious nature of COVID-19, that exposure or infection to COVID-19 may result in personal injury, illness, permanent disability, or death, and that I am voluntarily [participating in this activity/attending this facility] and agree to assume such risks. I hereby release the City of Newark, its officers, agents, employees, or volunteers from and against all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising from my (my minor child's/ward's) participation in the program/activity or any illness/injury resulting there from, and hereby agree to any and all such claims, whether caused by negligence or otherwise. I further understand that the City of Newark is not responsible for Workers Compensation benefits as a result of any injury or illness due to my (my minor child's/ward's) voluntary participation in this activity. The City of Newark reserves the right to photograph and film facilities, activities, and program participants for potential use in our marketing efforts, which may include, but is not limited to, brochures, flyers, social media and the City's website. All marketing materials will remain the property of the City of Newark.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment:  Check made out to the City of Newark  Cash  Credit Card

Charge  Visa  Mastercard Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Payment will be taken AFTER scholarship is approved. If paying check/cash, you will have 24 hrs. to drop off payment. Month/Year

### FOR OFFICE USE ONLY

<b>Remaining Scholarship Balance</b>	
\$ _____	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> Residency Verified	
<b>If Denied, Reason</b>	
_____	

Authorized Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_