



DEL NORTE SCHOLARSHIP APPLICATION INSTRUCTIONS

Thank you for your interest in the Del Norte Scholarship Program. Del Norte supports the community by providing programs, assistance and scholarships for local athletes, teachers, service employees, medical doctors and patients, police and fire departments, and much more.

Awarding and renewal of Scholarship is subject to their availability. Scholarships are valid for *a specific length of time* – after that, you must reapply. All requests for financial assistance scholarships will be kept confidential. **Please include a letter explaining why you are applying for a scholarship.**

Please provide the following documents for financial scholarship applications:

1. Completely fill out Scholarship Application (**Front and Back**).
2. Two most recent paycheck stubs from the applicant and the spouse/partner. Attach proof of assistance if unemployed.
3. Most recent tax return.
4. A letter explaining your current financial situation and reason for requesting aid.

Applications without documentation will not be processed.

Review of your application may take up to one month. Completion of the application does not guarantee approval of a financial scholarship. Del Norte will decide the eligibility of each request on an individual basis. Once scholarship is awarded, applicant will need to complete a membership agreement. We do not discriminate based on race, color, religion, sex, national origin, ancestry, age, disability, veteran status, or marital status.

Del Norte
3040 Becerra Way
Sacramento, CA 95821
(916) 483-5111
www.delnortecub.com



Scholarship Application

Certificate # _____

Please include all required documents. We will not process your application without them.

All information is confidential.

Primary Adult(s): Please Print

Last Name First Name Phone Date of Birth

Last Name First Name Phone Date of Birth

Street Address Apt. City State ZIP

Dependents: (children living with you that are 21 years old or less)

Last Name First Name Phone Date of Birth

Last Name First Name Phone Date of Birth

Last Name First Name Phone Date of Birth

Last Name First Name Phone Date of Birth

- Type of Scholarship:** **Service Scholarship** **Financial Scholarship**
 Athletic Scholarship **Medical Scholarship**

FOR FINANCIAL SCHOLARSHIP LIST ALL INCOME YOU RECEIVE INCLUDING HOUSING (Room and Board)

Employment: _____

SSI/SSD: _____

Other Income: _____

Total Monthly Income: _____

Assistance will be granted primarily on the basis of financial need.
Applicants will be asked to pay a portion of membership dues/program fees.

Actual membership fees	Initial Investment	Monthly Dues
Senior	\$80	\$71
Single	\$100	\$83
Couple	\$150	\$105
Family	\$200	\$128

What can you afford to pay? \$ _____ ***Must Answer!***

**Please note that approval of Scholarship for a program does not guarantee you a spot.
Space is limited so please turn this form in at least two weeks prior to the activity to ensure on time approval.**



What Program(s) are you applying for?

Please note that approval of Scholarship for a program does not guarantee you a spot.

<p align="center">MEMBERSHIP</p> <p>Name: _____</p> <p><input type="checkbox"/> Senior <input type="checkbox"/> Senior Full <input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family</p> <p>Dependent Family Members Spouse and Children under 21yrs 1. _____ 2. _____ 3. _____ 4. _____</p>	<p align="center">SUMMER DAY CAMP</p> <p>Camper Name: _____</p> <p><input type="checkbox"/> Day Camp (circle weeks)</p> <p>1 2 3 4 5 6 7 8 9 10 11</p>	<p align="center">AFTER SCHOOL PROGRAM</p> <p>Child's Name: _____</p> <p>School Name: _____</p> <p><input type="checkbox"/> Days <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p>
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<p align="center">YOUTH SPORTS</p> <p>Participant's Name: 1. _____ 2. _____</p> <p>Program Name: _____</p> <p>Program Dates: _____</p>	<p align="center">AQUATIC PROGRAMS</p> <p>Participant's Name: 1. _____ 2. _____</p> <p>Program Name: _____</p> <p>Program Dates: _____</p>	<p align="center">FITNESS PROGRAMS</p> <p>Participant's Name: 1. _____ 2. _____</p> <p>Program Name: _____</p> <p>Program Dates: _____</p>
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Scholarships will be granted to the extent that they are available.
Are you currently a Del Norte Member? Yes ___ / No ___

I do hereby declare that the information provided is correct. I agree to provide additional documentation to verify need if requested. Further, I understand that my eligibility will be reviewed upon request of Del Norte. Failure to provide updated information will result in termination of my Scholarship. Assistance will be revoked if program payments are not made on time. Participants are subjects to the rules and regulations of Del Norte.

Signature: _____ Date: _____

Your signature indicates that you have read and understand the information stated above.