



# Hayward Area Recreation and Park District

## RECREATION SCHOLARSHIP APPLICATION

Please complete the following application and submit to the District Office for consideration at least fourteen (14) calendar days prior to registering for the program. Submitting an application *does not* guarantee space in the requested program; please include a completed registration form with your application. The Scholarship Review Committee will contact you within 14 calendar days. **All information will be kept strictly confidential.**

### Criteria for Eligibility

- Any District Resident, currently living within the City of Hayward or the unincorporated communities of Castro Valley, San Lorenzo, Ashland, Cherryland, and Fairview
- Eligibility and enrollment in one of the following programs. Be able to provide a copy.
  - o CalFresh or EBT
  - o California Work Opportunity and Responsibility to Kids [CalWORKS] or
  - o Household participates in California Medi-Cal Program or
- Household income is less than 250% of Federal Poverty Level (*Adult Scholarships*)

- ***There is a maximum scholarship amount of \$500 per family per calendar year.***  
Include all family members and siblings that you are requesting a scholarship for.

Name: First and Last	DOB	Activity #	Activity Fee

Parent/Guardian Name \_\_\_\_\_

Address/ City/ Zip \_\_\_\_\_

Day phone \_\_\_\_\_ Eve./cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Describe why you or your child would benefit from receiving a scholarship. (Attach another sheet if necessary.)

*For Office Use Only:*

Date rec'd: \_\_\_\_\_ (cc to Dept. Head and Supervisor)

Amt. Requested: \$ \_\_\_\_\_ Recommended? Yes  
 No Granted? Yes No Amt. Granted: \$ \_\_\_\_\_  
 Initials \_\_\_\_\_ Owes: \$ \_\_\_\_\_



# Hayward Area Recreation and Park District

## **Scholarship Guidelines and Frequently Asked Questions**

### **What is a Hayward Area Recreation and Park District Scholarship?**

The Hayward Area Recreation and Park District Foundation provides scholarships based on funds available. Once eligibility and residency has been established, District residents may receive a partial scholarship for their program registration fees. *Scholarships are awarded on a first-come/first-served basis and are dependent on the availability of funds/resources. There is a maximum scholarship amount of \$500 per family per calendar year.*

### **Who can apply for a scholarship?**

Any District Resident, currently living within the City of Hayward or the unincorporated communities of Castro Valley, San Lorenzo, Ashland, Cherryland, and Fairview.

### **How can I apply for a scholarship?**

**Step 1:** If you don't already have Hayward Area Recreation and Park District account, please set up your online account at [www.Haywardrec.org/register](http://www.Haywardrec.org/register). Please make sure to add all household family members onto your account. Call (510) 881-6700 if you need assistance to create your account or email us at [scholarships@haywardrec.org](mailto:scholarships@haywardrec.org).

**Step 2:** Visit our website at [www.HaywardRec.org/432/Apply-For-A-Scholarship](http://www.HaywardRec.org/432/Apply-For-A-Scholarship) to download the Recreation Program Scholarship Application.

**Step 3:** Fill out the Recreation Program Scholarship Application form completely. Provide copies of the required verification (one form of eligibility and one photo ID).

**Step 4:** Submit the scholarship application and provide verification documents through email at [scholarships@haywardrec.org](mailto:scholarships@haywardrec.org) **or** in person to our District Office located at 1099 E Street Hayward, CA 94541.

### **Eligibility Requirements for each level**

#### **50% scholarship level**

- Anyone over age 18 is eligible for this level
- Household income is less than 250% of Federal Poverty Level or
- Proof of participation in California Medi-Cal Program

#### **75% scholarship level Youth (under 18 years). Proof of:**

- CalFresh (EBT)
- California Work Opportunity and Responsibility to Kids [CalWORKS]
- Participation in California Medi-Cal Program

### **What if I paid full price for a program and then applied for a scholarship?**

If you are approved for a scholarship prior to the start date of the enrolled program(s), we will credit your HARD account to reflect the amount of the scholarship. Processing fees will apply.



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## **When can I expect an approval of my scholarship application?**

Your application will be processed within 14 calendar days after receiving your completed application form, activity registration form, and verification documents. You will be notified by telephone or email whether your application is approved or denied.

*If approved, scholarship recipients must pay the remaining program fees for enrollment.*

## **How long is my scholarship eligibility good for?**

Your scholarship is active on a calendar year basis, January through December. Unused scholarship funds will expire and do not roll-over.

## **How far in advance should I submit my application?**

Submit all required documents at least fourteen (14) calendar days prior to registering for the course or program. *Submitting an application does not guarantee space in the requested program.*

## **Confidentiality**

All information, forms, and documents submitted is kept strictly confidential.

## **2022 Federal Poverty Guidelines Chart**

<b>Number of People in Household</b>	<b>48 States &amp; DC</b>	<b>250% Threshold</b>
<b>One</b>	\$12,880	\$32,220
<b>Two</b>	\$17,420	\$43,550
<b>Three</b>	\$21,960	\$54,900
<b>Four</b>	\$26,500	\$66,250
<b>Five</b>	\$31,040	\$77,600
<b>Six</b>	\$35,580	\$88,950
<b>Seven</b>	\$40,120	\$100,300
<b>Eight</b>	\$44,660	\$111,650
<b>For more than eight, add this amount for each additional person</b>		
	\$4,540	



# Hayward Area Recreation and Park District - Registration Form

1099 "E" Street, Hayward, CA 94541 (510) 881-6700 Fax: (510) 881-6763 [registration@haywardrec.org](mailto:registration@haywardrec.org) [www.HaywardRec.org](http://www.HaywardRec.org)

Make checks payable to  
H.A.R.D.

## Main Account Contact Information (Participant or if participant is under 18, Participant's parent or Guardian.)

First Name		Last Name		Birthdate		M/F	
Street Address			Apartment #	City		Zip Code	
Primary Phone		Secondary Phone		Text Alert Phone		Email	
Emergency Contact #1		Relationship	Phone Number	Emergency Contact #2		Relationship	Phone Number

First Choice				Second Choice			
Participant First and Last Name	M/F	Birthdate	Activity Name	Activity Number	Activity Name	Activity Number	Fee*

Total Fees: \_\_\_\_\_

\* Add non-resident fee of \$10.00 per class

### Responsibility Agreement, Waiver and Release

In consideration for being permitted by the Hayward Area Recreation and Park District to participate in the above-referenced activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity. Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illness, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks. **VIRTUAL CLASS RELEASE:** I hereby warrant and agree, that the conditions of my environment are safe, free from obstructions, and are suitable for participation in the above-referenced activity. I further understand and agree that any material downloaded, viewed or otherwise obtained through my participation in said activity is done at my own risk and the District is not responsible for any loss, alteration, corruption or other damage to my personal property, including computers, networks and other property used as part of my participation. **PHOTOGRAPHIC RELEASE:** I understand that photographs may be taken during this activity and hereby grant the District permission to use any such photo(s) for advertising or in promotional materials. **PARENTAL/GUARDIAN CONSENT:** (To be completed and signed by parent/guardian if participant is under 18 years of age) I hereby consent that my son/daughter, \_\_\_\_\_, participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation in said activity. **I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE HAYWARD AREA RECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL.**

**INFORMATION:** • Registration will not be processed unless ALL of the information is completely filled out and the liability agreement (left) has been signed. **E-MARKETING SIGN-UP:** I understand that by providing my email address I am giving the District permission to sign me up for e-news alerts including District related Constant Contact, Facebook, and District and program alerts. I understand I may unsubscribe at any time. I understand my email address will not be sold.

Signature			Date		
Please mark one: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Participant					

