

CAPITOLA PUBLIC SAFETY AND COMMUNITY SERVICES FOUNDATION JR. GUARDS SCHOLARSHIP PROGRAM

Program Objective

To establish a process in cooperation with the City of Capitola Junior Guards Parents Association that will partially fund attendance in the Capitola Junior Guards program for disadvantaged children otherwise eligible to attend.

Program Procedures

Program Management. This program shall be conducted under the control and management responsibility of the Capitola Public Safety and Community Services Foundation Board of Directors (the Board). The Board will select a minimum of two Board Members, as a committee, (Committee) to actively manage all aspects of this program, with the exception that by January 20 of each year the Board shall approve appropriations for the program. In addition to the two Board members selected for the program committee, the Capitola Junior Guards Parents' Association (Association) shall select at least one of its members as a member of the program committee.

Scholarship Funds. In addition to the Board appropriations identified above, the Association shall also identify any funds that it has appropriated for this Scholarship Program and notify the Board or the Program Committee chair of the amount of the appropriation by January 20 of each year. These combined appropriations of the Board and the Association shall form the budget for the Scholarship Program for the year. However, either the Board or the Association may increase the appropriations, and thereby the budget, during the Scholarship Application, Review and Award process as deemed necessary by each such group.

Application, Review and Award. With the exception of the first year, the year 2010, the Application, Review and Award schedule shall be as follows:

- Scholarship application will be made available for the upcoming Junior Guard classes generally before Jan 1st. The application shall be submitted on the form attached to this policy.
- To be timely, Application shall be completed, signed and returned to the Committee Chair by the date affixed to the bottom of the application. Any applications received after this date will not qualify for review.
- The applications will be reviewed by the Committee, if desired, applicant interviews will occur, and scholarship awards made on or before March 15.

Scholarship Recipient Class Registration. All scholarship recipients must register for the desired Junior Guard class or classes in the same manner and under the same rules as all other class registrants. The scholarship recipient will at registration present to the City employee in charge of registration a copy of the Scholarship Award and shall pay as part of the registration process the difference between the award and the cost for the class or classes for which the recipient is registering.

Foundation/Committee/City Responsibilities. The Foundation shall provide a list of approved scholarship recipients and a check in an amount equal to the total of scholarship awards for the year to the City of Capitola Recreation Department, in care of the Recreation Supervisor, in an amount equal to the total of scholarship awards for the year by the last day of March. City recreation will within two weeks of closure of Junior Guards registration provide to the Foundation, through the Committee, and to the Association with a reconciliation of the scholarship awards used and identifying any unused scholarship funds and the scholarship recipients registered. In any event the reconciliation report shall be given to the City, by Capitola Recreation, no later than September 15.



Junior Lifeguard Program Scholarships

Session 1 _____
Session 2 _____

Child's Name _____

Child's Address _____

Child's Home Phone Number _____

Child's Age _____

Financial Need:

- a) Family income (consider all sources) _____ monthly
- b) Number of dependents _____
- c) Has the child received any scholarships from any other organization or sports club? Y N
- d) Total monthly expenses _____

Why do you feel this program would be beneficial for your child?

What are your child's interests and other club activities?

Parent's or Guardian's Name _____

Address _____

City / Zip _____

Phone _____

I authorize the Junior Lifeguard Parent's Club to verify any of the above information

Parent or Guardian's signature

Please return this form to: Capitola Public Safety and Community Service Foundation
104 Cliff Ave.
Capitola CA 95010

THIS APPLICATION MUST BE RECEIVED BY MARCH 2, 2012.