

City of Carson
Community Services
Parks and Recreation Department
Aquatic Partial Scholarship Policy

Purpose

It is the purpose of this policy to provide partial scholarship assistance to those who wish to participate in aquatic programs with the City of Carson, but who, due to financial hardship or other circumstances, cannot do so. Funding for this program has been provided by the LA84 Foundation to encourage participation in swimming at the developmental level within the City of Carson. Partial scholarship assistance will be provided on the basis of financial need and potential for benefit to the recipient. Funding will be limited to that amount assigned for the current season.

Eligibility

Anyone who wishes to participate in swimming lessons but feels that they cannot afford it is eligible to apply. Proposed recipients of the scholarship must be between **6 to 17 years of age** at the time of the lessons.

Financial assistance will be provided on the basis of need as demonstrated by household income or extenuating circumstances. The family income guidelines used by the Los Angeles Unified School District for its financial assistance programs will be used as the basic guidelines for those qualifying through income level alone. Applicants may be asked to pay a portion of the program fee or to contribute through "work faire." This demonstrates the applicant's desire for participation and fosters a sense of ownership.

Application Process

Applications and a copy of this policy are available at all park offices, at the Recreation Division reception desk at the Corporate Yard, 18601 South Main Street, Carson, CA 90248, or at any of the pool offices during registration hours. Application forms are also available online (<https://ci.carson.ca.us/communityservices/Aquatics.aspx>). If you have any questions you can contact the Aquatics office at (310) 816-9381.

All applications must be completed thoroughly and accurately, and a copy of the applicant's most recent **1040 Federal Tax Form** must accompany the application. **Proof of qualification for State or Federal financial assistance programs (i.e., welfare, unemployment insurance, etc.)** should also be attached. Records will be kept confidential and shredded at the end of the summer season.

Applications may be submitted in person, as follows:

On or after Monday, June 12, 2023 . . .

Carson Pool 21436 S. Main Street Carson, CA 90745	Dominguez Aquatic Center 21330 Santa Fe Avenue Carson, CA 90810	Hemingway Aquatic Center 16605 S. San Pedro Street Carson, CA 90746	Foisia Pool 23410 Catskill Avenue Carson, CA 90745
---	---	---	--

There is no deadline for application submission. However, scholarships will be awarded to qualifying applicants on a first-come-first-served basis until all scholarships have been awarded.

Selections

Applications will be screened for eligibility by city staff. The final decision for awarding partial scholarships will be at the discretion of the Aquatics Program Supervisor, subject to review by the Recreation Superintendent, the Parks and Recreation Commission, and the grant agency.

The application process may require a personal interview with the Aquatics Program Supervisor. All applicants will be notified of the status of their application within two weeks of receipt of their application(s).

Limitations

Financial assistance for 2023 is provided through a grant from the LA84 Foundation. Partial scholarships will be granted only to the extent of the funding available for that year. Changes or cancellation of this program may be made at any time with the approval of the Recreation Superintendent.

City of Carson

Community Services / Parks and Recreation Department

Confidential Application for Aquatic Partial Scholarship

This form must be accompanied by a completed Registration Card and your Federal Tax Form

Parent's/Guardian's name: _____ Child's name: _____

Home Address: _____

City: _____ ZIP: _____ Ethnicity: _____

Phone #: _____ Alt. #: _____ Number living at home: _____

Child's birth date: _____ Gender: _____ Email: _____

Father's employer: _____ Annual income: _____

Mother's employer: _____ Annual income: _____

Other income (specify): _____

Are you currently receiving financial assistance? Check all that apply: AFDC Unemployment Food Stamps Disability TANF SSI SS VA Other (Please describe): _____

Please give a brief explanation of why you would like your child to receive a scholarship: _____

Please provide the name and phone number of at least one personal reference who can verify your situation:

1) Name: _____ Phone: _____ Relationship: _____

2) Name: _____ Phone: _____ Relationship: _____

Can you afford to pay a portion of the registration fee? _____ Amount: _____

Would you be willing to volunteer your time or have your child volunteer to help offset the costs? _____

If awarded the scholarship, what aquatic program do you want to apply the scholarship to?

1st Choice Pool: _____ Session(s): _____ Times: _____ Class: _____

2nd Choice Pool: _____ Session(s): _____ Times: _____ Class: _____

The information I have provided on this form is correct, and I agree to provide additional documentation to verify financial need if requested.

Signature: _____ Date: _____

OFFICE USE ONLY

Verified: _____ Interviewed: _____ Notified: _____

Pool: _____ Session: _____ Class: _____ Time: _____

Agreements: _____

Accepted / Declined _____ Comments: _____

Aquatics Program Supervisor: _____ Date: _____