



The Community Foundation of Estero Bay, Inc. (CFEB) provides recreational scholarships to youth living in the Estero Bay Community (Cayucos, Los Osos, Morro Bay) that wish to participate in activities provided by the Morro Bay Recreation Services. Scholarship are limited and are at a first come first serve basis. NO scholarship for late sign-ups or missed payments.

**HOW TO APPLY – IT’S EASY!**

Complete this short application with proof of qualification and submit to the Morro Bay Recreation Services.

**BENEFIT LENGTH**

Scholarships may be applied for at any time. A scholarship is awarded for the duration of a specific activity, and therefore, a NEW scholarship application must be submitted for each additional activity. There is no limit to the number of youth that can receive a scholarship from one family.

Youth Participant Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Activity: \_\_\_\_\_

Parent/ Guardian Name : \_\_\_\_\_ Phone: \_\_\_\_\_

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

**All youth participants must complete the following information**

Briefly state why you would like to participate in the activity for which a scholarship is requested:

---



---

Youth Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NONDISCRIMINATION/CONFIDENTIALITY**

All youth, regardless of scholarship or not, will be treated equally. In youth recreation programs, no individual may be discriminated against because of race, sex, color, national origin, age or disability. The information you provide to the Foundation is confidential and will not be given to anyone who is not part of the Foundation. It will only be used to verify scholarship eligibility.

**FAIR HEARING**

If you do not agree with the Foundation’s decision, you may discuss it with the Foundation. You also have the right to a hearing, which may be requested by writing to the Foundation: **Community Foundation of Estero Bay, P.O. Box 131, Morro Bay, CA 93443**

**OFFICE USE ONLY**

**Verification / Copy of:**

- \_\_\_ USDA National School Lunch Program (Free/Reduced Lunch Program)      \_\_\_ CalFresh      \_\_\_ WIC
- \_\_\_ CalWORKs      \_\_\_ Food Distribution Program on Indian Reservations (FDPIR)      \_\_\_ Foster children
- \_\_\_ Children receiving Medi-Cal      \_\_\_ Verification of Income - Copy of your most recent Federal Income Tax Return
- \_\_\_ Name of Benefit Program and Case Number \_\_\_\_\_
- \_\_\_ Other (explain) \_\_\_\_\_

% Awarded _____	Amount Awarded _____	Verified By _____	Date _____
-----------------	----------------------	-------------------	------------