



SAN LUIS OBISPO PARKS AND RECREATION DEPARTMENT

**FISCAL
YEAR:
2024-25**

YOUTH SERVICES FEE REDUCTION ASSISTANCE PROGRAM

ALL APPLICANTS MUST BE RESIDENTS OF THE CITY OF SAN LUIS OBISPO AND PARENTS/GUARDIANS BE EMPLOYED OR A FULL TIME STUDENT.

Completing this application does not reserve space for an activity. Fee reductions are limited to a first-come, first served basis. Only fully completed applications will be reviewed – please complete all requested information on the application and attach all necessary documents. Email completed application and supporting documents to lhoner@slocity.org or drop off your application packet to Lily Honer at the Parks and Recreation office (1341 Nipomo Street, San Luis Obispo, CA 93401). See Info Sheet for rules and regulations.

CHILD / PARTICIPANT INFORMATION:

Last Name:		First Name:	
Address:		City/Zip:	
Circle: M F	Birth Date:	Grade:	School:

TOTAL NUMBER OF PERSONS LIVING IN HOUSEHOLD:

# of children:	# of parents/guardians:
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INCOME VERIFICATION: PARENT/GUARDIAN #1			INCOME VERIFICATION: PARENT/GUARDIAN #2		
Name			Name		
Address			Address		
City, State, Zip			City, State, Zip		
Home/Cell Phone			Home/Cell Phone		
Work Phone			Work Phone		
Email Address			Email Address		
WORK STATUS check all that apply			WORK STATUS check all that apply		
Working	<input type="checkbox"/>		Working	<input type="checkbox"/>	
Attending School	<input type="checkbox"/>		Attending School	<input type="checkbox"/>	
Unemployed	<input type="checkbox"/>		Unemployed	<input type="checkbox"/>	
Disabled	<input type="checkbox"/>		Disabled	<input type="checkbox"/>	
Other (attach explanation)	<input type="checkbox"/>		Other (attach explanation)	<input type="checkbox"/>	
CURRENT HOUSEHOLD INCOME MUST supply verification			CURRENT HOUSEHOLD INCOME MUST supply verification		
	Monthly Gross Income	Staff Verification		Monthly Gross Income	Staff Verification
Wages			Wages		
Child/Spouse Support			Child/Spouse Support		
Unemployment Compensation			Unemployment Compensation		

CALWORKS			CALWORKS		
CCRC			CCRC		
SSI/SS			SSI/SS		
Disability			Disability		
Student Assistance			Student Assistance		
TOTAL:			TOTAL:		

I certify under penalty of perjury that the foregoing is true and correct. I understand that all information provided is confidential. Documentation and verification of income is required for program eligibility and account credit. False or misleading information are grounds for the rejection of my application.

SIGNATURE (PARENT/GUARDIAN)	PRINT NAME	DATE

STAFF USE ONLY:

Date Application Received:	Account Credit Approved By:
Fee Reduction Tier:	Credit Amount:
Date: Credit Applied:	