



Please submit application to specific program location

For site contact number and address please visit www.oaklandnet.com/parks

OPRYD FINANCIAL ASSISTANCE APPLICATION

FINANCIAL ASSISTANCE IS RESERVED FOR RESIDENTS OF OAKLAND

YEAR: Click or tap here to enter text. **SITE NAME:** Click or tap here to enter text. **STAFF USE**

Activity Name	Activity Date	Activity Fee	Amount Requested	Subsidy Given	Balance Due
<u>Click or tap here to enter text.</u>	<u>Click or tap to enter a date.</u>	<u>Click or tap here to enter text.</u>			
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Participants Name First: Click or tap here to enter text. Last: Click or tap here to enter text.

Birth Date: Click or tap to enter a date. **Age:** Click or tap here to enter text.

Address: Click or tap here to enter text. **City:** Click or tap here to enter text. **Zip:** Click or tap here to enter text.

Phone: Click or tap here to enter text. **Email:** Click or tap here to enter text.

Parent/Guardian Name First: Click or tap here to enter text. Last: Click or tap here to enter text.

Address: Click or tap here to enter text. **City:** Click or tap here to enter text. **Zip:** Click or tap here to enter text.

- a. **TOTAL Yearly Household Income:** \$Click or tap here to enter text.
- b. **Number of Household Members Supported by this Income:** Click or tap here to enter text.
- c. **Applicant must provide proof of Oakland residency to site staff**
- d. **Explain your need for financial assistance below:**

Click or tap here to enter text.

X

Click or tap to enter a date.

Signature of Parent/Guardian	Date
Received By: _____ Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Scholarship amount: \$ _____ <input type="checkbox"/> Denied <input type="checkbox"/> Reason/s Denied _____ Oakland Residency checked by: _____ (<input type="checkbox"/> California ID Card, <input type="checkbox"/> Driver's License, <input type="checkbox"/> Utility Bill or <input type="checkbox"/> other (proof of Oakland Residency.) Proof of need reviewed by: _____	