Jan Sneed YOUTH SCHOLARSHIP
A Chico Area Recreation & Park District Program

2025 Guidelines and Information

The Jan Sneed Youth Scholarship program was established to assist families financially who live within the district boundary lines and are unable to participate in fee-based recreation programs due to economic constraints. To receive financial assistance, applicants will pay for 40% of the recreation program fee, complete the Jan Sneed Youth Scholarship application and show that their household income falls within the eligibility guidelines with a submission of one of the accepted proofs of income. Each approved applicant will receive 60% off registration fees paid to a maximum amount of $100 to be used for recreation programs within the calendar year.

1. Scholarships are available to Chico Area Recreation and Park District (CARD) residents ages 1-17, who meet the income requirements. An application and proof of income are required each calendar year.
2. Please complete the attached application and provide one of the following acceptable proofs of income:
   A. A copy of your last Federal Income Tax Return (form 1040/1040EZ/1040NR) showing that you fall under the income eligibility guidelines.
   B. Proof from the school district that the child is eligible for free or reduced-price meals.
   C. Proof that the child is a foster child.
3. Scholarships are awarded on a first-come, first-served basis and are funded only if there are available resources.
4. If approved, scholarships will be awarded for 60% of the registration fee, up to $100 per program. The scholarship recipient, or the recipient's family/guardian, must pay the remaining amount of the program fee (co-payment) at time of registration. The participant is responsible for all supply fees, transportation to and from the program, and any additional costs.
5. A maximum scholarship amount of $100 per child, per calendar year will be awarded.
6. Participants eligible for the Jan Sneed Youth Scholarship program will remain confidential and will be treated in the same manner as those participants that pay full price for the same service. No family will be discriminated against because of race, color, gender, religion, nationality, ethnic origin or disability.
7. Applicants who falsify information, or do not attend the program regularly, may be ineligible for future scholarships.
8. If extenuating circumstances prevent regular attendance, please contact the CARD Office at (530)895-4711. If your child cannot attend the program for any reason, you must contact the CARD Office prior to the program start date. Failure to do so may result in a suspension of scholarship benefits for one year including all family dependents.

Eligibility Guidelines

Household Size

2	3	4	5	6	7	8
$36,482	$45,991	$55,500	$65,009	$74,518	$84,027	$93,536

Annual Income

530-895-4711   www.chicorec.com   545 Vallombrosa Ave, Chico

CARD

2025 Jan Sneed Youth Scholarship Application

This form is a legal document and must be filled out completely and accurately. Scholarships are based on several factors and this form is not a guarantee of financial assistance.

Parent(s) or Legal Guardian(s) _____

Mailing Address_____**City**_____**Zip**_____

Phone (Home)_____(**Work**)_____(**Cell**)_____

Email_____

Have you ever received a scholarship from the Chico Area Recreation and Park District?   Yes   No

Number of people in household: _____ (household size must equal #claimed on 1040/proof of income)

List all dependents in family and/or household (siblings):

_____	_____	_____	_____
Name	Birthdate	Name	Birthdate
_____	_____	_____	_____
Name	Birthdate	Name	Birthdate

I certify that I have received, and carefully read, the Jan Sneed Youth Scholarship Program Guidelines and Information, and that the information provided herein is true and correct to the best of my knowledge. I acknowledge and understand that the information provided will be relied upon for determining eligibility to receive a scholarship from the Chico Area Recreation and Park District, and that any material misstatement, fraudulently or negligently made in this or in any other statement made by me may result in the denial of my eligibility to receive a scholarship.

Date_____   Signature_____

_____
(Please Print)

OFFICE USE ONLY

Total Household Income $ _____   Lunch letter _____

CARD Representative _____   Date_____

📞 530-895-4711   🌐 www.chicorec.com   📍 545 Vallombrosa Ave, Chico