

JUNIOR LIFEGUARD

APPLICATION FOR FREE OR REDUCED TUITION

- All information supplied is confidential.
- This application cannot be approved unless it contains complete eligibility information.
- You are required to submit a copy of your most recent Federal Tax form with social security numbers redacted, if you do not file taxes complete section IV.
- Assistance is limited to available funds on first come first served basis during open enrollment.

Please see Privacy Notice on Page 3.

STATE PARKS USE ONLY		
<input type="checkbox"/> FREE	<input type="checkbox"/> REDUCED PRICE	<input type="checkbox"/> DENIED
DETERMINING OFFICIAL		DATE

SECTION I (All households complete this section)		
STUDENT NAME (First Middle and Last)		PARENT/GUARDIAN PHONE NUMBER
STUDENT ADDRESS (Number, Street, City, State, Zip-Code)		
ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Decline to state		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Decline to State
BENEFIT RECEIVED? (Enter case number for the benefit and do not enter information in Section II): <input type="checkbox"/> NONE <input type="checkbox"/> FOOD STAMP (FS) <input type="checkbox"/> AFDC <input type="checkbox"/> FDPIR CASE NUMBER: _____		FOSTER CHILD? (If yes, include income) <input type="checkbox"/> NO <input type="checkbox"/> YES Youth's monthly use income: _____
List the names and ages of all persons claimed as dependents on the most recent Federal Tax Form		
1. NAME	AGE	RELATIONSHIP TO APPLICANT
2. NAME	AGE	RELATIONSHIP TO APPLICANT
3. NAME	AGE	RELATIONSHIP TO APPLICANT
4. NAME	AGE	RELATIONSHIP TO APPLICANT
5. NAME	AGE	RELATIONSHIP TO APPLICANT
6. NAME	AGE	RELATIONSHIP TO APPLICANT
7. NAME	AGE	RELATIONSHIP TO APPLICANT

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STUDENT NAME

SECTION II: HOUSEHOLD MEMBERS / MONTHLY INCOME
(Skip if Case Number for Food Stamp/AFDC/FDPIR was entered in Section I)

List all adult household members and indicate the amount and source of Monthly Income "EACH" household member received last month. If any amount last month was more or less than usual, enter the "USUAL" monthly income.

NAME (Last Name, First Name)	Gross Earnings from work (before deductions) Include all jobs	Pension, Retirement, Social Security	Welfare Benefits, Child Support, Alimony Payments	Any Other Monthly Income	STATE USE ONLY Total Monthly Income
STATE USE ONLY Grand Total:					

SECTION III: FEDERAL TAX FORMS
(All households complete this section)

- ☐ I / We have attached a copy of our most recent Federal Tax Form (with Social Security Numbers redacted)
- ☐ I / We did not file a Federal Tax Form last year and will Complete Section IV – INCOME SOURCES

SECTION IV: INCOME SOURCES
(Households attaching a Federal Tax Form, skip to Section V)

INCOME SOURCE	MONTHLY INCOME	NUMBER OF MONTHS RECEIVED
Unemployment compensation		
Social Security		
Child Support		
AFDC or FDPIR		
Food Stamps		
Vocational Rehabilitation		
Veterans Payments		
Other Student Aid		
Other Income		

PLEASE SPECIFY "OTHER INCOME" TYPES IN THIS SPACE

TOTAL MONTHLY INCOME

TOTAL ANNUAL INCOME

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STUDENT NAME

SECTION V: CERTIFICATION
All households complete this section

Applications for free and reduced tuition may be submitted at any time during an active program enrollment period. Children participating in the Tuition Assistance Program will not be overtly identified by California State Parks or the Junior Lifeguard Program in any manner.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of CALIFORNIA STATE PARK funds; that CALIFORNIA STATE PARK officials may verify the information on the application and that deliberate misrepresentation of this information may subject me to prosecution under applicable State and Federal Laws.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING FORM	PRINTED NAME	DATE
MAILING ADDRESS	CITY	STATE
		ZIP CODE

PRIVACY NOTICE

Civil Code section 1798.17 requires a Privacy Notice on Collection be provided when personal information is collected from individuals.

Please do not include any personal information that is not requested.

Each individual has the right to review personal information maintained by this agency, unless access is exempted by law. You may review your records by contacting the official responsible for maintaining your information below. We will not disclose your personal information unless authorized by law.

To learn more about our Privacy Policy, visit parks.ca.gov/privacy

AGENCY NAME Department of Parks and Recreation	DIVISION Park Operations – LEES - Aquatics
TITLE OF OFFICIAL RESPONSIBLE FOR MAINTENANCE OF THE INFORMATION Aquatic Specialist	CONTACT PHONE NUMBER 916-902-8533
BUSINESS ADDRESS OF OFFICIAL PO Box 942896; Sacramento, CA 94296-0001	CONTACT EMAIL aquatic.safety@parks.ca.gov
AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION Welfare and Institutions Code - WIC § 10000;	
THE FOLLOWING ITEMS OF INFORMATION ARE VOLUNTARY, ALL OTHERS ARE MANDATORY All fields are mandatory unless otherwise indicated.	
THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION Failure to provide required information will result in the rejection of the application.	
THE PRINCIPAL PURPOSE(S) WITHIN THE AGENCY FOR WHICH THE INFORMATION IS TO BE USED Verify eligibility of reduced or waived tuition fees for the program.	
KNOWN OR FORESEEABLE DISCLOSURES OF THE INFORMATION PURSUANT TO CIVIL CODE SECTION 1798.24, SUBDIVISIONS (e) OR (f) None	