



Pete Palermo Scholarship Fund Program Guidelines and Application

The City of La Mesa recognizes the value of participation in recreational programs for youth and teens. In an effort to make its recreational programs available to the widest range of La Mesa residents. The City of La Mesa has approved the following guidelines for providing financial assistance to those who wish to participate in a City recreation program and are requesting assistance with the program fees.

- There is limited amount of funding available. Scholarships will be awarded on a first-come, first-served basis.
- Individuals who have not participated or received scholarships assistance in the past year will receive priority of individuals who have received assistance in the past year
- Financial assistance will be approved and provided only on the basis of meeting the guidelines provided by the U.S. Department of Housing and Urban Development (H.U.D.).
- All information on the application will be considered confidential and will be used only to determine eligibility for the scholarship.
- Participants must be residents of the City of La Mesa.
- The calendar year begins January 1 through December 31.
- Qualifying La Mesa families will receive a credit for one class per child, 17 years or younger, per session, not to exceed \$60.00. Families will only pay for costs that exceed \$60.00. If the entire \$60.00 is not used, it cannot be refunded, transferred to another child, or used for a different session. You may apply for a scholarship twice during a calendar year.

- One week prior to class:

Customer may request a change, transfer or refund no later than one prior to start date. A \$10 processing fee (per person, per enrollment) will be deducted. No cancellation will be deducted if customer places refund as a credit on their account. Credit will be valid for one year from date of issue and may be applied to another recreation enrollment, facility rental or park permit. The scholarship funds received are NOT refundable.

- Less than one week prior to class:

Requests for changes, refund or credits may be granted if the slot can be filled by another customer on a waiting list. If the slot can be filled, the request will be prorated and processing fee of \$10 will be deducted.

Application Process:

Complete a scholarship application and registration form. If you do not qualify based on these guidelines, but there are other circumstances you would like us to consider, attach an explanatory letter.

Applicants will be required to verify residency and economic need. Please see income eligibility guidelines on the next page along with the required documentation. Applications are not considered complete without documentation.

Completion and submission of this request does not guarantee approval. **You will be contacted within 1 week of applying to inform you of your scholarship status. Scholarships are not retro-active** Please be advised that a delay in submitting this application could result in the applicant not getting into a program/class that fills quickly.

www.cityoflamesa.us/classes



Verification of Income Eligibility
(Household Income Limits per HUD FY 2023)
San Diego County

Household Size	Monthly	Annual
1	\$4,021	\$48,250
2	\$4,596	\$55,150
3	\$5,171	\$62,050
4	\$5,742	\$68,900
5	\$6,204	\$74,450
6	\$6,662	\$79,950

Please submit the following items:

- ◇ Completed Scholarship Application
- ◇ Registration Form
- ◇ Proof of residence (i.e. Utility bill, Government-issued photo ID, Residential lease/mortgage statement)
- ◇ Two (2) copies of the most recent paystubs / (per person) **OR**
- ◇ Most recent Federal Income Tax form / **OR**
- ◇ Proof of current Social Security benefits (SSA Benefit statement or SSA-1099) / **OR**
- ◇ Proof of disability pay (SSI)



SCHOLARSHIP APPLICATION

Parent/Guardian Name: _____

Address: _____

City: _____

Home/Cell Phone: _____ **Work Phone:** _____

Child's Name: _____ **Date of Birth:** _____

(Pre)- School Name: _____ **Grade:** _____

What Course is your child interested in? _# _____

Household Size: _____ **Annual combined household income:** _\$ _____

Please give a brief explanation of why you would like your child to receive a scholarship:

The information I have provided on this form is correct, and I agree to provide additional documentation to verify financial need.

Signature

Date

Office Use Only:

Date Received: _____ Total fee for requested activity: \$ _____

Application Approved: [] \$ _____ {Amount approved} Disapproved: []

Signature /Director of Community Services

Date

City of La Mesa—Community Services
4975 Memorial Drive, La Mesa, CA 91942
Phone 619.667.1300 recreation@cityoflamesa.us



REGISTRATION FORM

Register on-line and receive (or) Mail/Drop off form:
 immediate confirmation at Community Services
www.cityoflamesa.us/register 4975 Memorial Dr

Adult Name: Last _____ First _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-Mail: _____

Participants Name	Class Name	Course #	Date of Birth	FEE

<p>Refund Information</p> <p>A full refund will be issued for all classes and camps cancelled by the City of La Mesa and/or the independent contractor.</p> <p><u>Up to one week prior to first day of class/camp:</u></p> <p>Customer may request a change, transfer or refund.no later than one week prior to start date.</p>	<table style="width: 100%;"> <tr> <td style="width: 70%;">Total fees</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 20%;"></td> </tr> <tr> <td>Cash / Check</td> <td></td> <td></td> </tr> </table>	Total fees	\$		Cash / Check		
Total fees	\$						
Cash / Check							



Individuals who wish to participate in City recreation programs and activities who may need accommodation, please contact us at 619.667.1300 a minimum of two weeks in advance of the program start date.

Disclaimer: By signing below, and in consideration of my and/or my child's participation, I agree to defend, indemnify and hold harmless City of La Mesa and any of its elected and appointed officials, employees, contractors or agents from any and all damages or liability including personal injury communicable diseases, illnesses, viruses, or death arising from participant's activities pursuant to the Agreement and be liable for any related costs of defending any legal proceedings or claims arising therefrom, except for liability or damages resulting from gross negligence, recklessness, or intentional wrongful conduct of City. I grant full permission for use of the participant's name, voice, and/or picture in any related media or other promotional materials for any purpose without compensation. Staff reserves the right to refuse service for disruptive behavior. I understand and agree that my non-compliance with any facility policies or procedures may result in refusal of service.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Card Number:	Expiration Date (mm/yy):
3-digit code from back of the card (CVV):	
Signature _____	Date _____

Registration questions? Call 619.667.1300 or email us at recreation@cityoflamesa.us