



Fee Subsidy/Scholarship Application Fiscal Year 2024-2025

This program is for individuals residing within the Davis Joint Unified School District boundaries.

PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION:

- Proof of income such as a recent pay stub or bank statement or Davis Joint Unified School District (DJUSD) reduced/free meals statement
- Proof of residency such as a utility bill, phone bill, or rental agreement
- Copies documenting dependents such as birth certificates or other forms (if this is your first year applying)

Mail or drop off your application to:

Parks & Community Services Department, 23 Russell Blvd., Davis CA 95616

Or email to: registration@cityofdavis.org

New Renewal (Previous program participant)

Date of Application

Please check the applicable box below with your family size/income

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
\$58,750	\$67,150	\$ 75,550	\$83,900	\$90,650	\$ 97,350	\$104,050	\$110,750

To qualify, your gross annual income may not exceed the amounts listed above.

Name of Applicant ()
Phone

Address/Zip Code Email Address

Household Members	Birth Date	Gender

We'll most likely use the scholarship for:

Aquatic Programs

Camps

Classes

Youth Teens

Adults Adults 50

Other _____

I declare under penalty of perjury that the information above is correct. I understand that the information pertaining to my income and expenses will be reviewed by City of Davis staff and additional information may be requested. I authorize the City of Davis to verify my income information with my employer or any agency providing me with additional income/assistance. Provision of false information will result in disqualification from the City of Davis Fee Subsidy/ Scholarship Program.

Name (Please Print) Signature Date

If you have questions please contact Kellie Vitaich (530) 747-5874 or kvitaich@cityofdavis.org This material can be made available, upon request, in alternative format as required by the American with Disabilities Act of 1990.

HH #: _____

Action: Scholarship Approved \$ _____ Date Applicant Notified: _____

Not Approved Staff Initials: _____