



Recreation Participant Program Grants

The Cameron Park Community Foundation and Shingle Springs Band of Miwok Indians wishes to ensure every Cameron Park and Shingle Springs resident has an opportunity to participate in recreation programs provided by the Cameron Park Community Services District. These organizations dedicates grant funds to assist families and individuals with payment of District program fees. Grants are available to Cameron Park residents of all ages. Residents may apply for 50% or 75% program fee support depending upon their needs.

HOW TO APPLY

The following is a check list for Applicants:

- Complete an easy Application form on the reverse side or online at www.cameronpark.org
- Attach proof of Cameron Park residency (copy of current utility bill or driver license/id card).
- Provide a letter of explanation for the basis of need: such as single parent, financial circumstances that warrant support, special circumstances of the program participant, multiple children in family, etc.
- If requesting 75%, please provide verification such as PGE assistance programs, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), or school lunch program.

Submit Application to:

Cameron Park Community Services District
Attention: Recreation Supervisor
2502 Country Club Drive, Cameron Park 95682

For questions or assistance with the application process, please call the District Office 530-677-2231. Applications take two weeks to process.

Application

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Recreation Participant Program Grants is for Cameron Park residents only. Program fees are limited and awarded on a first-come, first-serve basis to those in need, up to \$150 per participant annually. Program funding is based on funding available. Applicants must re-submit the application and documentation annually to continue participation.

Remember to attach:

- ✓ proof of Cameron Park residency
- ✓ letter of explanation for the basis of need

Please Print Parent(s) Name:

Mailing Address:

Phone #: _____ E-mail: _____

Please list ALL persons requesting scholarship funds living at the above address:

Name	Age	Requested %	Program Interest

I certify that the information provided on this application is true and correct.

_____ Date: _____

Applicant's Signature

CONFIDENTIALITY: The information provided will not be shared with anyone who is not part of District administrative staff. The information will be used only to decide if the applicant is eligible to support.

Office Use Only: 50% 75% _____ approver initial's