

## Build a Dream Scholarship Program

The “Build a Dream” Scholarship Program provides financial assistance to Daly City youth and active adults/seniors, enabling them to participate in exercise, education, and cultural arts programs offered by the Department of Recreation Services. Scholarships are awarded based on the submission of a completed application, a review of required documentation, and the availability of funds.

### Scholarship Eligibility:

- Applicants must be residents of Daly City and provide valid proof of residency.
- Eligible age groups are:
  - Youth: 0 - 17 years old
  - Active Adults/Seniors: 50 years and olderAdults aged 18 - 49 are not eligible for this program.
- Applicants may receive one scholarship per calendar year (January - December).
- Eligibility is determined annually based on income guidelines established by San Mateo County. The following forms of documentation will be accepted to verify eligibility:
  - CalWorks
  - Medi-Cal
  - General Assistance
  - WIC

### Scholarship Award Details:

- If approved, the scholarship will be awarded as a credit to the applicant's account with the Department of Recreation Services.
- The amount of the credit awarded will vary each year and is contingent upon available funding. The scholarship amount may be adjusted at any time to reflect current budget constraints or resource availability.
- Scholarships apply exclusively to registration fees; additional costs such as supplies, extra fees, or field trips are not covered.
- Credit awarded must be used by end of current calendar year and may not be carried over to following year or transferred to anyone else.
- Any credit awarded not used by end of the calendar year will be forfeited and returned to the Build a Dream Scholarship Fund.

### Application Process:

1. Applicants must submit a fully completed scholarship application for the current year. Incomplete applications will not be processed, and submitted materials will not be returned.
2. Submission of an application does not guarantee program enrollment or scholarship approval.
3. Applicants will be notified of their approval status within five (5) business days following submission.
4. Final determination of eligibility is contingent upon the completeness of the application, supporting documentation, and adherence to program criteria.
5. All applications and supporting documents will be kept confidential.

### Important Notes:

- Scholarship awards are contingent upon available funding.
- Participation in the scholarship program does not guarantee enrollment in any specific program; program enrollment is subject to availability and eligibility requirements.
- Applicants are required to notify the Department of Recreation Services of any changes in income or eligibility status.
- Misrepresentation of information or failure to attend programs regularly may result in disqualification from future scholarship opportunities.
- For more information or inquiries regarding extenuating circumstances, please contact the Department of Recreation Services by email to [active@dalycity.org](mailto:active@dalycity.org).

City of Daly City  
Department of Recreation Services

## **Build a Dream Scholarship Program Application**

Please print clearly, complete entire form, and provide all required documents. Incomplete applications or missing documentation may delay processing or prevent the Department from processing the application.

Note: A separate application must be completed for each applicant, and a new application is required each calendar year.

### **APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ (Proof of residency is required)

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

(If Applicant is a Minor)

Name of Parent/Guardian: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **ELIGIBILITY DOCUMENTATION**

Please select the program you are currently enrolled in for eligibility verification. Proof of current enrollment must be attached.

CalWorks       Medi-Cal       General Assistance       WIC

### **OPTIONAL HOUSEHOLD AND DEMOGRAPHIC INFORMATION**

(For statistical purposes only)

- Total Number of People in Household: \_\_\_\_\_
- Annual Household Income: \$ \_\_\_\_\_
- Gender:     Male     Female     Non-binary     Other     Prefer not to say
- Race/Ethnic Identity (select all that apply):
  - American Indian/Alaska Native       Native Hawaiian/Other Pacific Islander
  - Asian       White
  - Black/African American       Two or More Races
  - Hispanic or Latino       Prefer not to say

I hereby certify that all information provided in this application is accurate to the best of my knowledge. I understand that submission of this application does not guarantee approval of the scholarship and that any misrepresentation of information may result in disqualification.

Applicant Signature (or Parent/Guardian if Minor): \_\_\_\_\_ Date: \_\_\_\_\_

### **FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Proof of Residency Verified:  Yes  No Eligibility Documentation Provided:  Yes  No

Scholarship Awarded:  Yes  No Amount of Credit: \$ \_\_\_\_\_ Approved By: \_\_\_\_\_ Date of Approval: \_\_\_\_\_