

Please submit application to specific program location

For site contact number and address please visit www.oaklandca.gov/parks

OPRYD FINANCIAL ASSISTANCE APPLICATION

FINANCIAL ASSISTANCE IS RESERVED FOR RESIDENTS OF OAKLAND

YEAR: _____ SITE NAME: _____ STAFF USE

Activity Name	Activity Date	Activity Fee	Amount Requested	Scholarship Given	Balance Due

Participants Name: First: _____ Last: _____ Birth Date _____ Age _____

Address _____ City _____ Zip code _____

Phone _____ Email _____

Parent/Guardian: First: _____ Last: _____ Relationship to Child _____
Address _____ City _____ Zip code _____

- TOTAL Yearly Household Income: \$ _____
- Number of Household Members Supported by this Income: _____
- Applicant must provide proof of Oakland residency to site staff
- Explain your need for financial assistance below:

X _____
Signature of Parent/Guardian Date

Received By: _____ Date: _____ ☐ Approved ☐ Scholarship amount: \$ _____
☐ Denied ☐ Reason/s Denied _____

Oakland Residency checked by: _____ (☐ California ID Card, ☐ Driver's License, ☐ Utility Bill or ☐ Other (proof of Oakland Residency.)

Proof of need reviewed by: _____