

PLEASE BRING IN OR INCLUDE A PHOTO COPY OF THE FOLLOWING:

1. Activity Registration Form

2. One of the following to show your need for financial assistance:

Food Stamp Card/A.F.D.C W-2 Form Pay Check Stub Unemployment Disability or Other _____

3. One of the following to show your Oakland Residency:

California ID Card, Driver's License, Utility Bill or Other _____

Rec'd By: _____ Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Scholarship amount: \$ _____
<input type="checkbox"/> Denied <input type="checkbox"/> Reason/s Denied _____
Oakland Residency checked by: _____ (<input type="checkbox"/> California ID Card, <input type="checkbox"/> Driver's License, <input type="checkbox"/> Utility Bill or <input type="checkbox"/> other _____)
Proof of need checked by: _____ (<input type="checkbox"/> Food Stamp Card/AFDC <input type="checkbox"/> W-2 Form <input type="checkbox"/> Pay Check Stub <input type="checkbox"/> Unemployment <input type="checkbox"/> Disability)
Notes: _____
