



Stanislaus County P.A.L.

Police Activities League

1325 Beverly Dr. • Modesto, CA 95351 • Tel.: (209) 529-9121 • Fax: (209) 529-8794
WWW.STANISLAUSCOUNTYPAL.ORG

Youth Scholarship Application

General Information

Families with certain economic restrictions are eligible to receive financial assistance through the Stanislaus County Police Activities League Youth Scholarship Program. The intent of the youth scholarship program is to offer assistance to youth individuals wanting to participate in recreational and educational opportunities, who may not otherwise have the means available to participate. Youth Scholarship assistance is limited to existing funds on a first come, first served basis, and is available only to youth that are participants of any Stanislaus County Police Activities League Program residing in Stanislaus County.

The Youth Scholarship Program can be used to subsidized leagues/programs fees of any recreation & educational program for a participant 17 years of age or younger up to a max limit of \$250.00 per year, per individual. Please note Scholarship approval is required "prior" to registration. The Youth Scholarship Program does not cover late registration fees or equipment/material expenses, unless, equipment/material cost are built in the registration fees.

Section 1 Student/Applicant General Information

Date of application: _____

Name of child: _____
Last First Middle

Home Address: _____

City: _____ Zip: _____

Home Phone # (____) _____ Cell Phone # (____) _____

Male _____ Female _____ Date of Birth _____ Age _____

School Name: _____

Grade _____ School Principal Name: _____

Total amount requested: \$ _____

Reason for amount requested: _____

"Making a difference for the children of Stanislaus County"

Are you enrolled in a Stanislaus County PAL (SCPAL) Program: _____ Yes _____ No

If yes, give name of SCPAL program/school currently enrolled: _____

Section 2 Parents/Guardian Information *(Please Print)*

Father/Guardian Name _____

Home Phone # (____) _____ Work Phone # (____) _____

Cell Phone # (____) _____ E-mail: _____

Occupation: _____ Employed by: _____

Mother/Guardian Name _____

Home Phone # (____) _____ Work Phone # (____) _____

Cell Phone # (____) _____ E-mail: _____

Occupation: _____ Employed by: _____

Total number of children in the home: _____

Are you currently receiving any type government assistance? _____ Yes _____ No

Are you currently working? _____ Yes _____ No

Section 3 Student/Applicant Essay

Write a one paragraph as to why you want for Stanislaus County PAL to give you this scholarship. Use separate paper to write paragraph/essay.

I certify that all of the information in this application is true and complete.

Signature of student/applicant

Date

Signature of parent/guardian

Date