



Hagan Community Center
2197 Chase Drive, Rancho Cordova, CA 95670
916-369-9844 | www.cordovarpd.gov

2025-2026 Scholarship Program

Cordova Recreation & Park District's Scholarship Program was designed to help make recreation services more accessible to community members, especially those who may not have the opportunity to participate due to financial limitations. Scholarship funds are available on a first-come, first-served basis until all funds are exhausted. Funds are provided by the Cordova Recreation & Park Foundation, Cordova Senior Advisory Board and individual donations.

Funding Information

Age	Program Registration	Total Funds Per Year
0 - 17	75%	Up to \$300 per qualified household
18 - 49	75%	Up to \$100 per qualified adult
50+	100%	Up to \$100 per qualified adult

Household is defined as a group of related or non-related individuals living as one economic unit including children and adults who are sharing living expenses, such as rent, clothes, food, medical and utility bills.

1. Applicants must be a resident of the Cordova Recreation & Park District and show proof of residency (utility or valid driver's license or California State issued identification card).
2. Funding is available for 75% of program fees for youth and adults and 100% for individuals age 50+. Material fees are excluded and are paid directly to the instructor.
3. Scholarship funds shall be granted on a fiscal year basis (July 1 - June 30) for three seasons. Applicants must re-apply each year to receive funds.
4. Funds are available throughout three seasons and can only be used for activities during that season.
 - a. July - September
 - b. October - February
 - c. March - June
5. Funds are not available for adult sports leagues, Cordova Golf Course green fees, driving range bucket of balls, or cart rentals, drop-in activities, special events or rentals. Funds may be used towards the purchase of any punch card.
6. Spaces will not be reserved for any activity prior to funding approval.
7. If there is a credit on your account, the credit will be applied first, then the assisted amount.
8. The District will make every effort possible to ensure confidentiality amongst applicants. Information provided by applicants will only be provided to District staff as required and shall only be used to determine eligibility for the Scholarship Program.
9. Approved participants will not be separately identified nor be treated any different than any other member that paid full price to participate in a District program. Participants shall not be discriminated against because of race, sex, color, national origin, age, sexual orientation, or disability.
10. The District refund policy applies. If the District cancels a class due to low enrollment, only the amount paid by the participant will be refunded. Registration cancellation must be received a minimum of 5 business days prior to the first class or registration deadline, unless otherwise noted. A refund will not be issued after the class or program has had its second meeting. Failure to attend a class or "no show" is not eligible for a refund. Refunds for cash and check payments take 4-6 weeks to process; refunds for credit card payments take 2-3 business days to process.
11. Submittal of an application does not guarantee Scholarship funding or registration to requested activity.

Application & Registration Process

Prior to registering for a program, complete the application in full and submit for review and processing at the Hagan Community Center, include all supporting documentation for approval including a program registration form. If you have any questions or need assistance completing the application, please contact the Hagan Community Center at 916-369-9844. Applications will be reviewed and processed within 5-10 business days.

You must submit the following documents at the time of submittal:

- ☐ Scholarship Program Application
- ☐ Proof of residency (utility or valid driver's license or California State issued identification card)
- ☐ Approved income verification documents, see below for acceptable income documentation
- ☐ CRPD Registration Form

Once approved, program participants will be registered and an invoice for any remaining balance will be placed on the family account. All funds must be paid prior to the start of the program. All incomplete application packets will be returned or denied funding.

Acceptable Forms of Income Documentation

- Official free or reduced lunch verification letter from child's school
- PG&E bill indicating enrollment in the Care Credit program
- Phone bill indicating enrollment in the Life Line program
- CalFresh/EBT statement
- Other government issued aid statement (Medicaid, Medicare, etc.)

If the applicant is unable to provide the documentation listed above, but income is within the United States Department of Agriculture (USDA) Income Eligibility Guidelines, the head of household will be asked to provide supplemental information to verify income such as income tax returns, social security benefits, payroll statements, etc. See chart below to determine income eligibility.

Gross Income Eligibility Guidelines
Based on the United States Department of Agriculture (USDA) Income Eligibility Guidelines
Effective July 1, 2025, through June 30, 2026

Household Size	Annual	Monthly	Household Size	Annual	Monthly
1	\$28,953	\$2,413	5	\$69,653	\$5,805
2	\$39,128	\$3,261	6	\$79,828	\$6,653
3	\$49,303	\$4,109	7	\$90,003	\$7,501
4	\$59,478	\$4,957	8	\$100,178	\$8,349

Each additional member, add \$10,175 to the annual income (\$848/month)



2025-2026 Scholarship Program Application

Instructions

1. Information below must be completed by a parent, guardian or participant.
2. Application must include necessary proof of income and residency documents. Incomplete applications will be returned.
3. Submit applications to the Hagan Community Center (2197 Chase Drive in Rancho Cordova), Monday - Friday between the hours of 8 a.m. - 5 p.m.
4. You will be contacted within 5-10 business days upon submitting application to inform you of your fee assistance status.

Head of Household Information

Head of Household Name: _____ Birthdate: _____

Mailing Address: _____

Phone: _____ Email: _____

Proof of Residency: ☐ Driver's License or CA Identification Card ☐ Utility Bill

Proof of Income: ☐ Free or Reduced Lunch Verification ☐ Utility Bill or Phone Bill
☐ CalFresh/EBT or Government Aid Statement ☐ Other: _____

Household Member Information

First Name	Last Name	Birthdate	Grade (if applicable)	Male/Female/Non-Binary (circle choice)
				Male/Female/Non-Binary
				Male/Female/Non-Binary
				Male/Female/Non-Binary
				Male/Female/Non-Binary
				Male/Female/Non-Binary

Program Requests

Name	Activity Requested	Activity Dates	Activity Number	Class Cost	Amount Requested up to 75% or 100% for age 50+

Parent/Guardian/Participant Signature

I certify that all the above information is true and correct, and that all income is reported. I understand this information is given for the receipt of reduced fees on District programs and that District officials may verify the information on the application at any time. This verification may include contacting employers to determine income or benefits and checking the documentation produced by household members to prove the amount of income received. Deliberate misrepresentation of the information on this form may subject me to disqualification from future use of the Fee Assistance Program.

Parent/Guardian or Adult Participant Printed Name: _____ **Date:** _____

Parent/Guardian or Adult Participant Signature: _____

For Office Use Only

Application Received By: _____ Date: _____

Application Status: ☐ Approved ☐ Denied

Amount Requested: _____ Amount Approved: _____

Comment: _____

District Staff Signature: _____ Date: _____



Registration Form

Participant/guardian must read and fill out the form in its entirety prior to the start of the activity/class.

If the waiver is not signed, participant will not be registered, and form will be returned.

Make checks payable to "CRPD" and submit form with payment to:

Hagan Community Center • 2197 Chase Drive, Rancho Cordova, CA 95670

Payer's Name _____ DOB _____ Gender _____
Address _____ City _____ Zip _____
Phone (Primary) _____ Phone (Secondary) _____
Emergency Contact Name _____ Phone _____
E-Mail _____

Participant Full Name	DOB	Gender	Activity/Class	Date(s)	Location	Amount
<input type="checkbox"/> I'd like to donate to the Fee Assistance Program to help an individual participate in CRPD programs!						

ADA ACCOMMODATIONS:

☐ I require ADA accommodations. (Please allow a minimum of two weeks advance notice.)

Total	\$
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AGREEMENT, WAIVER & RELEASE:

In consideration for being permitted by the Cordova Recreation & Park District to participate in the above-referenced activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors and assigns and that I shall indemnify and hold the Cordova Recreation & Park District (including its officers, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which may arise out of or connected in any way with my participation in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

VIRTUAL CLASS RELEASE: I hereby warrant and agree, that the conditions of my environment are safe, free from obstructions and are suitable for participation in the above-referenced activity. I further understand and agree that any material downloaded, viewed or otherwise obtained through my participation in said activity is done at my own risk and the District is not responsible for any loss, alteration, corruption or other damage to my personal property, including computers, networks and other property used as part of my participation.

PHOTOGRAPHIC RELEASE: I understand that District staff may photograph/video me and/or my minor children and that the District may use such photographs/videos to promote District programs now and in the future. I expressly allow, and hereby waive any objection to, the District photographing/ videoing me and/or my minor children on the date printed above. I understand that all photos/videos will remain the property of the District.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under 18 years of age.) I hereby consent that the participant listed above, _____ (name) participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver and Release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which may arise out of or connected in any way with said minor's participation in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER & RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature of Participant (or Parent/Guardian) _____ Date _____

Name (Print) _____

Payment Type	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card #	3-Digit #	Exp
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