



**COUNTY OF LOS ANGELES  
DEPARTMENT OF PARKS AND RECREATION  
JUNIOR LIFEGUARD PROGRAM 2019**



**2019 FINANCIAL AID FAMILY APPLICATION**

Please fill out the information requested below and send this form in with your Junior Lifeguard application to the appropriate address provided below. **You must include a copy of your 2018 Federal Tax Return** and (if eligible) a copy of your Los Angeles County Department of Public Social Services approved Welfare or Food Stamp Eligibility I.D. card in order to proceed. ***W-2 forms and payroll receipts will NOT be accepted without the 1040 Form attached.*** All information will remain strictly confidential. You may not apply for Financial Aid after you have registered and paid the full fee; there are no retroactive refunds.

**FINANCIAL AID APPLICATION DEADLINE: June 1<sup>st</sup> 2019**

**Junior Lifeguard Name:** \_\_\_\_\_

1<sup>st</sup> Session:  2<sup>nd</sup> Session:  Both Sessions:  New JG:  Returning JG:

**Other Junior Guard Brothers or Sisters in Family:**

**Junior Lifeguard Name:** \_\_\_\_\_

1<sup>st</sup> Session:  2<sup>nd</sup> Session:  Both Sessions:  New JG:  Returning JG:

**Junior Lifeguard Name:** \_\_\_\_\_

1<sup>st</sup> Session:  2<sup>nd</sup> Session:  Both Sessions:  New JG:  Returning JG:

**Junior Lifeguard Name:** \_\_\_\_\_

1<sup>st</sup> Session:  2<sup>nd</sup> Session:  Both Sessions:  New JG:  Returning JG:

Total number of people in the household (must show on tax forms): \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Parent/Guardian's Name 1: \_\_\_\_\_ Day time # \_\_\_\_\_

Parent/Guardian's Name 2: \_\_\_\_\_ Day time # \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

This is an email that you will check for updates about the JG Program and also during the Summer Sessions:

**PARENTAL** (Parent 1 and Parent 2 combined and/or Guardian) Financial Information:

Gross Yearly Income: \$ \_\_\_\_\_ Divided by 12 = \$ \_\_\_\_\_ (GROSS MONTHLY INCOME)

***NOTE: THIS APPLICATION APPLIES FOR ONE SUMMER ONLY.***

I, the undersigned, hereby verify that the above information is true, and understand that scholarships will be awarded based on the information provided above.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return this COMPLETED FORM WITH REQUIRED INCOME TAX DOCUMENTS *and* COMPLETED JG application to:

Castaic Lake Recreation Area  
*Junior Lifeguard Program*  
32132 Castaic Lake Dr.  
Castaic, Ca. 91384

**You will be contacted by email or phone and notified how much tuition is due once your application is processed.**