



**Los Angeles County Fire Department Lifeguard Division  
JUNIOR LIFEGUARD PROGRAM  
2019 FINANCIAL AID FAMILY APPLICATION**



The Fire Department is committed to offering quality programs to the youth throughout L.A. County. The purpose of the FINANCIAL AID program is to encourage the participation of young people with limited access or opportunity by assisting qualified applicants with program tuition fees. Please fill out the information requested below, and send this form in with your Junior Lifeguard Registration Packet to the address below. **You must include a copy of one of the following: 2018 Federal Tax Return, W-2, your most recent 3 months of pay stubs, OR proof of public assistance. Your application will NOT be processed without these components.** 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. Note: **There is no guarantee of approval, or funding amount for individual or family applications. Financial Aid is based on availability of funds and applies for ONE summer only.** **FINANCIAL AID APPLICATION DEADLINE: MAY 30, 2019**

**Junior Lifeguard Information** (please print clearly in pen)

Applicant Name \_\_\_\_\_ Age \_\_\_\_ Beach \_\_\_\_\_ New  Returning   
 Street Address \_\_\_\_\_ Unit # \_\_\_\_\_ Contact ph# \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal code \_\_\_\_\_  
 Is the applicant currently in foster care?  Yes  No (If yes, please provide proof to receive the 90% scholarship)

**Ethnicity** (optional - Check all that apply)

- 1 – White
- 3 – Black
- 5 – Hispanic
- 6 – American Indian
- 7 – Asian/Pacific Islanders
- 8 – Filipino

**Sex** (optional)

- Female
- Male
- Prefer not to State

**Parent/Guardian Information**

Name \_\_\_\_\_ Contact Number \_\_\_\_\_ Email \_\_\_\_\_  
 Name \_\_\_\_\_ Contact Number \_\_\_\_\_ Email \_\_\_\_\_

**Parental (Father and Mother combined and/or Guardian) Financial Information**

Federal Adj. Gross Yearly Income\$ \_\_\_\_\_ Federal Adj. Gross Monthly Income \$ \_\_\_\_\_ Total # of people in household \_\_\_\_\_

2019 Monthly Income Limit			
Number of Persons	90% Scholarship	60% Scholarship	15% Scholarship
1	\$1,521	\$1,825	\$2,129
2	\$1,738	\$2,085	\$2,433
3	\$1,954	\$2,344	\$2,735
4	\$2,171	\$2,605	\$3,039
5	\$2,370	\$2,844	\$3,318
6	\$2,715	\$3,285	\$3,801
7	\$2,825	\$3,390	\$3,955

I, the undersigned, hereby verify that I am the parent/guardian of the applicant and the above information is true. I understand that scholarships will be awarded in the basis of the information listed above and availability of funds.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this COMPLETED FORM WITH ALL REQUIRED DOCUMENTS and completed/signed JG registration packet to: JUNIOR LIFEGUARD OFFICE, 2600 THE STRAND, MANHATTAN BEACH, CA 90266**  
 (You will be notified how much tuition is due once your application is processed)

FOR OFFICE USE ONLY

Date received _____	Scholarship Rate: Summer 2019		
Documentation: <input type="checkbox"/> 1040/W-2	Approved by: _____	<input type="checkbox"/> 15% (\$80.25)	Amt to pay: \$454.75
<input type="checkbox"/> Pay Stubs <input type="checkbox"/> Public Aid <input type="checkbox"/> Unempl	<input type="checkbox"/> Full Tuition: \$535.00	<input type="checkbox"/> 60% (\$321.00)	Amt to pay: \$214.00
<input type="checkbox"/> School <input type="checkbox"/> Other	<input type="checkbox"/> Foster Youth Amt to pay: \$53.50	<input type="checkbox"/> 90% (\$481.50)	Amt to pay: \$53.50