

HOW TO APPLY:

- Complete the Application
- Attach proof of Roseville residency (copy of current utility bill or drivers license/id card)
- Attach 1 month most recent proof of household income (copy of current pay-stubs or TANF print-out)
- Sign & submit **Swim / SPARKS** Passport Application, with supporting documents, to:
City of Roseville, Parks, Recreation & Libraries Department 316 Vernon St. Roseville, CA 95678

Please note that the application will not be reviewed or approved unless it contains all of the information requested and is signed by an eligible adult member of the household. Applicants must apply annually for this program.

PLEASE NOTE: Funding for the Swim / SPARKS Passport is contingent upon available grant monies

Parent Name: _____ Parent Age: ____ Phone # _____

Address: _____ ZIP: _____ E-mail: _____

Please list ALL persons living at the above address: (adult & children):

Name	Birthdate	Sex	Relationship	Passport (Circle One)		Swimsuit Size*
_____	_____	_____	_____	Swim	SPARKS	_____
_____	_____	_____	_____	Swim	SPARKS	_____
_____	_____	_____	_____	Swim	SPARKS	_____
_____	_____	_____	_____	Swim	SPARKS	_____
_____	_____	_____	_____	Swim	SPARKS	_____
_____	_____	_____	_____	Swim	SPARKS	_____

**Swimsuits are being provided through Operation Swim for all children approved for the Swim or SPARKS passport.*

Current Household GROSS monthly income (please refer to eligibility requirements for supporting info needed):

Applicant \$ _____ + Spouse \$ _____ + Other \$ _____ = **TOTAL \$** _____

I certify under penalty of perjury that the undersigned owns the property and that all the information provided on this application is true and correct.

Applicant's Signature Date: _____

Applicant Race/Ethnicity (For grant statistical purposes only – Please check all that apply)

RACE

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native AND White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American AND White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian AND White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian or Alaska Native AND Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other _____ |

HISPANIC/LATINO ETHNICITY: Yes No

- | | |
|---|--|
| <input type="checkbox"/> Yes, Mexican/Chicano | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Other Hispanic/Latino: _____ |

ALSO CHECK IF:

- Female Head of Household Handicapped/Disabled

*****Applications will be reviewed within 1 week of receiving ALL documents*****

Track Alert

For PRL Staff use only:

Approved Denied

Date: _____ Staff: _____

Spoke to Left Msg.