



Scholarship Program

Please read this form carefully.

Scholarship Process:

The Sebastopol Area Senior Center is pleased to offer scholarships based on our mission, limited by our financial means.

Scholarships are available to West Sonoma County residents who qualify, based on financial need. (Must live in West Sonoma County and be 60+ years of age). This scholarship can start or renew a SASC membership however you must apply every year. Scholarships are generally \$50 towards the \$50 membership and \$50 towards SASC programs and activities that have a cost. We are unable to provide scholarships for Day Trips unless you have enough scholarship available and the cost of the Day Trip is within that amount.

Scholarships awarded are not transferable or refundable. Scholarships are offered based on need at the discretion of the Senior Center and are not always available. However when they are, we are very pleased to provide them.

How to apply:

Complete the information on the back of this form. All information is kept confidential. Submit the form to the front desk, fill out form on our website, email it to info@sebastopolseniorcenter.org; or mail to 167 N. High Street, Sebastopol, CA 95472.

You will be notified typically within 5 business days. Unfortunately, scholarship is not available for same-day activity.



Scholarship Application

A. Please fill out below information:		
Name		Age:
Address		City:
Mailing		
Phone		
Email		
<i>Are you a current member? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>		
<i>If you are first time member, please also fill out a membership form.</i>		

B. Please read and initial next to each line.	Initial
I understand that there are limited amounts of scholarship funds available to seniors who are truly in need.	
I understand that the scholarship awarded to me is not transferable to another person.	
I understand that scholarship credits will not be awarded for missed classes or cancellations.	
I understand that if I am applying for a scholarship this year, I must also apply for every year after – It does not automatically renew.	

My need for scholarship or reduced payments is evident by:

I receive CalFresh I live in subsidized housing I receive MediCal

I prefer not to answer the above but offer this explanation for consideration of my application: _____

Signature: _____ Date: _____

Office Use Only:

Date Received: _____ Approved: Y N Date Notification Sent: _____

Approved by: _____ Entered into MSC: _____

Note: _____ Do not discard this form.