



GET MOVING SOUTH SAN FRANCISCO! SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PREFERRED WRITTEN LANGUAGE: _____

PREFERRED SPOKEN LANGUAGE: _____

GENDER: _____ ETHNICITY: Hispanic or Latino Non-Hispanic or Latino

RACE: Asian American Indian or Alaska Native Black or African American Native Hawaiian or other Pacific Islander
 White Prefer not to answer _____

Household information who are applying for the scholarship:

NAME	RELATION TO YOU	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide (attach) one of the following forms of verification to qualify for this scholarship:

- Participation in one of:
 - Free or reduced lunch program
 - PG&E's CARE program
 - Cal-Fresh program
 - A Doctor's Prescription
- OR**

Please provide (attach) one of the following forms of residence verification to qualify for this scholarship:

Driver's License **OR** Utility Bill **OR** Lease

I certify that the information provided in this application is true and correct.

Signature _____

Date _____

Return completed application and documentation to:

City of South San Francisco
Parks and Recreation Department
33 Arroyo Drive
South San Francisco, CA 94080





Last Name: _____ First Name: _____

Email: _____ Phone: _____

How many times per week do you exercise or participate in physical activity for more than 30 minutes per day?

- 0-2 3-5 6-7

How many servings of fresh fruit and vegetables do you eat a day?

- 0-2 3-5 6-7

What do you feel is your biggest challenge to living a healthy lifestyle?

- It's too expensive
 I don't have the time
 I'm overwhelmed
 Other _____

What do you hope to get out of this program?

- Resources
 Learn something new
 Try something new
 Other _____

What are three small changes you are willing to make to live a healthier lifestyle?

