



# Cosumnes Recreation Opportunity Fund APPLICATION – 2026

## INSTRUCTIONS

1. The information below must be completed by the **parent/guardian** as the applicant. Funding is only applied to those family members you've listed on your application form; please ensure that you list all family members that live within your household.
2. The application must include necessary **proof of Elk Grove residency and low-income status**. All supporting documentation must be in the applicant's name. Incomplete application packets will be denied.
3. Submit applications to:
  - Parks Administration Office, 8820 Elk Grove Blvd., Mon-Thurs 8am-5pm, Friday 8am-12pm
  - Wackford Community & Aquatic Complex, 9014 Bruceville Rd., Mon-Fri 8am-8pm, Sat/Sun 8am-5pm
  - Albani Recreation Center, 8830 Sharkey Ave., Mon-Fri 9am-5pm

## PART 1: APPLICANT / ACCOUNT INFORMATION

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Are you or anyone in your household currently active in or retired from the military? YES / NO

## PART 2: ADDITIONAL FAMILY MEMBERS

Name: \_\_\_\_\_ Male / Female / Non-Binary Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Male / Female / Non-Binary Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Male / Female / Non-Binary Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Name: \_\_\_\_\_ Male / Female / Non-Binary Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## PART 3: QUALIFICATIONS

Please verify the proof of residency and income forms you are attaching to this application. All supporting documents must be in the applicant's name. **P.O. Boxes are not accepted as proof of residency**. Submit the previous year's income tax return or an official acceptance letter, dated recently, for one of the listed low-income programs. **W-2 forms and payroll stubs are not accepted as proof of income**. Photos of cards or screenshots from online accounts are not accepted, as they often lack all the required information for verification. Documents submitted under the "other" category will be reviewed for approval on a case-by-case basis. Incomplete application packets will be denied.

Proof of Residency: ☐ CA Driver's License ☐ Utility Bill

Proof of Income: ☐ 1040 Income Tax Return ☐ Food Stamps (CalFresh) ☐ CalWORKS  
☐ Supplemental Security ☐ Disability Benefits ☐ Welfare Program  
☐ Other: \_\_\_\_\_

## PART 4: SIGNATURE

Under penalty of perjury, I certify that the information provided is accurate and that I have read, understood, and agree to all the terms outlined in the Cosumnes Recreation Opportunity Fund Guidelines. I understand that if approved, I may only use the funds within the approved calendar year for programs that occur within that same year.

Signature of Parent/Guardian  
(Handwritten signature required)

Date

## CSD OFFICE USE ONLY

Date/Time Rec: \_\_\_\_\_ FM = \_\_\_\_\_ = \$ \_\_\_\_\_ Approved / Denied Date: \_\_\_\_\_ ☐ ACTIVE ☐ LOG  
Received By: \_\_\_\_\_ Date Emailed/ Phoned: \_\_\_\_\_ Comments: \_\_\_\_\_