

# Making Waves Scholarship Application 2026

## INSTRUCTIONS

The Making Waves Scholarship is a financial assistance program for low-income households in Elk Grove that have children interested in participating in swim lessons opportunities offered by the Cosumnes CSD.

1. The parent/guardian of the household must complete the application form. **Scholarship funds are only available to children under the age of 18.** Please ensure that all the children who live in your household and whom you wish to receive this service are included in Part 3: Recipients section.
2. The application must include necessary **proof of Elk Grove residency and low-income status**, and all supporting documentation must be in the parent/guardian's name. Incomplete application packets will be denied.
3. Submit the application to the following location:
  - Wackford Community and Aquatic Complex  
9014 Bruceville Rd., Elk Grove, CA 95758  
Monday-Friday 8am-8pm, Saturday/Sunday 8am-5pm
4. **Approved recipients may use scholarship funds for the following program:**
  - **Group Swim Lessons**
5. Application approval is subject to available funding. All complete applications will be processed on a first-come, first-served basis until funding has been exhausted.
6. Approved recipients will receive one swimsuit\*, a towel, and a pair of goggles while supplies last.
  - If you are requesting a swimsuit, please be specific about your child's appropriate size, whether it be in youth or adult sizing, in the "Size & Style" question listed in Part 3.

## PART 1: GUIDELINES

1. Applicants must reside in the 95624, 95757 or 95758 zip code areas. Current **proof of residency** is required; submit either a CA driver's license or utility bill; P.O. boxes not accepted.  
Accepted utility bills are electricity, gas, water, sewage, and trash services. Statements provided must be in the applicant's name, have a recent date and show the qualifying Elk Grove address.
2. Applicants' household income must be within the allowed household income range\* as indicated in the table.
3. **Proof of income** in the form of the previous year's income tax return is required for *each* member of the household who is 18 years or older at the time the application is submitted. The only exceptions are recipients of Welfare, Social Security, Disability, Food Stamps, and Unemployment benefits. Individuals receiving these services can provide a copy of a current acceptance letter into the program as proof of income. W-2 forms and paycheck stubs are not accepted.
4. All qualifying documents must be in the applicant's name.

# of Persons in Household	Household Income
1	Below \$72,050
2	Below \$82,350
3	Below \$92,650
4	Below \$102,900
5	Below \$111,150
6	Below \$119,400
7	Below \$127,600
8	Below \$135,850

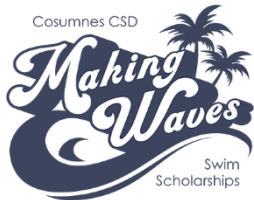
\*Sacramento County Low Income Status for 2025

## PART 2: APPLICANT / ACCOUNT INFORMATION

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

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

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



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## PART 3: RECIPIENTS

Please list all children under the age of 18 within your household that you wish to receive this scholarship.

Name _____	Gender _____	Birthday ____/____/____	Need Swimsuit?* YES/NO	Size & Style (One Piece/Trunks) _____
Name _____	Gender _____	Birthday ____/____/____	Need Swimsuit?* YES/NO	Size & Style (One Piece/Trunks) _____
Name _____	Gender _____	Birthday ____/____/____	Need Swimsuit?* YES/NO	Size & Style (One Piece/Trunks) _____
Name _____	Gender _____	Birthday ____/____/____	Need Swimsuit?* YES/NO	Size & Style (One Piece/Trunks) _____
Name _____	Gender _____	Birthday ____/____/____	Need Swimsuit?* YES/NO	Size & Style (One Piece/Trunks) _____
Name _____	Gender _____	Birthday ____/____/____	Need Swimsuit?* YES/NO	Size & Style (One Piece/Trunks) _____

\*Please indicate if you want a Swimsuit by circling YES or NO. These will be provided on a first-come, first-served basis while supplies last.

## PART 4: 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:    ☐ Driver's License                      ☐ Utility Bill

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

## PART 5: 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: _____	<input type="checkbox"/> ACTIVE <input type="checkbox"/> LOG
By: _____	Date Emailed/ Phoned: _____	Comments: _____		