



Avila Beach Junior Lifeguard Scholarship Application

Scholarship Funds Generously Provided by the Avila Beach Community Foundation



Parent/Guardian Name: _____ Email Address: _____

Address: _____ City/State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Child Name: _____ Child Age: _____ Birthdate: _____

Letter from Child *(3 or more reasons why they want to join ABJGs.)*

Instructions: Please provide any information that will demonstrate your level of need. If printing document, use space on reverse side if necessary.

Financial Need:

1. Monthly Household Income (consider all sources): \$ _____
2. Total # of Members in Household: _____ Number of dependents: _____
3. Total Monthly Expenses: _____
4. Why do you feel this program would be beneficial to your child?

I authorize the Avila Beach Junior Lifeguard Program to verify any of the above information:

Parent/Guardian/Signature: _____ Date: _____

Please email or return this form to: ContactABJGS@gmail.com

Avila Beach Junior Lifeguard Program

P.O. Box 521/Avila Beach, CA /93424