



Long Beach Fire Department
Lifeguards/Marine Safety Division

JUNIOR LIFEGUARD PROGRAM

SUBJECT: FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS

Please complete the attached Financial Assistance Application form. Please be sure to attach all copies that are requested of the form. Only complete applications with attached copies will be accepted for review.

The Long Beach Fire Department's Administration Bureau will make the determination on who is eligible for financial assistance.

Every child who participates in the Junior Lifeguard Program is required to pay \$16.00 to Amateur Athletic Union (AAU) for secondary insurance, required by the City of Long Beach Risk Management Bureau. **This fee is non-refundable.** Financial Assistance does not cover the AAU insurance fee. You will be able to download the AAU instruction sheet when you register for the Junior Lifeguard program.

The deadline to apply for financial assistance is Friday, May 9, 2025 by 4pm.

If you have any questions, please contact Kylee Yocky at (562) 570-1286.

Please mail the form and attachments to:

Long Beach Fire Department
Attn: Junior Lifeguard Program
3205 Lakewood Blvd
Long Beach, CA 90808

Enclosure



CITY OF LONG BEACH – FIRE DEPARTMENT – MARINE SAFETY DIVISION JUNIOR LIFEGUARD PROGRAM – FINANCIAL ASSISTANCE APPLICATION - 2025

MINIMUM REQUIREMENTS FOR ELIGIBILITY

In order to be eligible for financial assistance consideration, the following minimum requirement must be met:

1. Your child must be a current student enrolled in a Long Beach Unified School District school by the time your child's application is submitted to Long Beach Fire Headquarters.

APPLICATION PROCEDURE

If you are interested in applying for financial assistance, the attached Financial Assistance Application must be completed and submitted. Applications will not be accepted if any of the required documents are missing.

All persons, related or unrelated, permanently living in your household are considered to be family members. In the event that two distinct, separate families or households (with no financial bond to each other) are sharing a single residence, an application should be submitted for each.

PROOF OF FAMILY INCOME

To determine if you are eligible for financial assistance, you must attach copies of all documents pertaining to your family's income.

One or more of the following proofs of income will be required:

- Payroll check stubs for the past three (3) months.
- Most recent AFDC Notice from the Department of Public Social Services (DPSS).
- Recent letter from the Department of Public Social Services (DPSS) stating how much your family receives.
- Most recent Unemployment Insurance printout from the Employment Development Department.
- Current Medi-Cal card showing grant status.
- Most recent printout from Social Security Administration.
- Recent letter from Social Security Administration.
- Personal income tax return and W2's from the previous tax year.

Additional forms of proof and/or notarization of documents may be required.

Financial Assistance application deadline is Friday, May 9, 2025 by 4:00pm.

If you are uncertain which documents apply, please call Kylee Yocky at 562-570-1286. **Applications will not be accepted if any required documents are missing.**



CITY OF LONG BEACH – FIRE DEPARTMENT – MARINE SAFETY DIVISION
JUNIOR LIFEGUARD PROGRAM – FINANCIAL ASSISTANCE APPLICATION - 2025
Due Friday, May 9, 2025, by 4:00pm

NAME OF PARENT/GUARDIAN: _____

CHILDREN

Children must be permanent members of your household to be considered for an application. Please list the name, age and Social Security Number (if applicable) of the child for whom application is made:

Name: _____ Age: _____

LBUSD School Your Child Attends: _____

FAMILY MEMBERS

All persons, related or unrelated, permanently living in your household are considered to be family members. Please list **all** persons living in your household, not including yourself and the child listed above:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

FAMILY INCOME

Please indicate the sources and amounts of current gross monthly income (before deductions) or **all** persons living in your household. If more than one check is received from any of these sources, please indicate the total monthly amount received.

Wages, Salary: \$ _____ Social Security: \$ _____

Unemployment: \$ _____ Child Support (Alimony): \$ _____

Pension or Retirement: \$ _____ Other: \$ _____

Total Gross Household Income – Month: \$ _____ Annual: \$ _____

Please attach copies of all documents pertaining to family income.

ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED FOR REVIEW

CERTIFICATION

I understand that the application for Financial Assistance for the Junior Lifeguard Program cannot be completed unless **all** necessary forms are submitted and I hereby certify that the information provided is true and correct.

Signature of Applicant: _____ Date: _____

Mailing Address: _____ Zip: _____ Phone: _____

STAFF USE ONLY

Date Application Received: _____ Date Decision Letter Sent: _____

Family Size: _____ Annual Income: _____ Financial Assistance Awarded: Yes ___ Full ___ Partial ___ No ___
Reason: _____

Staff Signature: _____ Date: _____