



## FY09 YOUTH SCHOLARSHIP APPLICATION FORM

Please complete 1-19; instructions are listed on the back of this application.

***The Youth Scholarship program is designed to provide supplemental financial assistance (maximum \$100.00 per child annually) to youth ages 3 to 18 years of age who may not otherwise be able to participate in youth activities.***

1. Name of Child:	2. Age:
3. Parent/Guardian Name:	4. Phone number:
5. Mailing Address:	
6. Total Program Registration Fee:	7. Funding Request:
8. Activity for which Scholarship Requested:	
9. Dates of Program:      Beginning Date:	Ending Date:
10 Alternative funding applied for, used and/or denied other than this program:	

**Scholarship approval is required “prior” to registration. The Youth Scholarship Program does not cover late registration fees or equipment/material expenses.**

**This does not register you for the program. You must register with the organization separately. Scholarship forms will only be accepted for activities holding registration at time of application.**

**If for any reason your child does not use the scholarship for the requested activity, please notify Parks & Recreation as soon as possible. The scholarship may be applied towards a different activity, or returned to Parks & Recreation to be used by another eligible child. Only the child listed as approved for eligibility can use scholarship funds.**

**YEARLY HOUSEHOLD INCOME**

**(NOTE: Please complete Items 11-19 in full, otherwise the application will not be processed.)**

11. Number of wage earners in the house:	12. Number in household (including yourself):
13. Report <u>all</u> household income for the past calendar year, as indicated below.	
<b>Please make sure that all categories are marked, if they do not apply, enter -0-.</b>	

		OFFICE USE ONLY			OFFICE USE ONLY
A. Gross Wages			H. Child Support/Alimony		
B. PFD Income			I. Disability Benefits		
C. Worker’s Comp			J. Public Assistance		
D. Unemployment			K. Social Security		
E. Veteran’s pmts			L. Rentals/Estates		
F. Trust/Royalty Pmt			M. Tips/Other		
G. Pension			N. <b>Total Income</b>		

14. If not currently employed, date last worked and name of last employer:	
15. Agency to Receive the Funding:	
16. Agency Contact Person:	17. Agency Phone:
18. Agency Mailing Address:	
19. Parent/Guardian Signature:	

OFFICE USE ONLY	
Interagency Team Representative Approval: <b>Yes</b> ___ <b>No</b> ___	Percent Eligible for:
Name of Representative:	Amount Funded:
Date Agency Contacted:	PO #/Journal Entry:
Date Parent/Guardian Contacted:	Receipt #
	Date Paid: