



FY08 YOUTH SCHOLARSHIP APPLICATION FORM

Please complete 1-20; 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 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.

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: If the following section is not fully completed, the application will be returned to you.)

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. Please make sure that all categories are marked, if they do not apply, enter -0-.					
		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. Total Income		

14. If not currently employed, date last worked and name of last employer:

15. Any special financial limitations that should be considered (such as medical expenses, etc.):

16. Agency to Receive the Funding:

17. Agency Contact Person:

18. Agency Phone:

19. Agency Mailing Address:

20. Parent/Guardian Signature:

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