



# *Parks & Recreation Scholarship Application*

## **Scholarship Eligibility and Guidelines**

1. Applications will be accepted seasonally for all programs, activities and camps. Financial assistance is not available for field trips, trips & tours or for athletic leagues. The seasons are as follows:
  - Summer Season:
    1. Youth Programs
    2. Adult/Senior Programs
  - Fall Season:
    1. Youth Programs
    2. Adult/Senior Programs
  - Winter/Spring:
    1. Youth Programs
    2. Adult/Senior Programs
2. **Submittal of the Scholarship Application does not guarantee award of financial assistance.** Applications will be evaluated for eligibility. Notification will be made to all applicants once the evaluation process has been completed.
3. **Submittal of the Scholarship Application does not guarantee a reserved space in any Program, Activity or Camp.** To guarantee a space in a program, activity or camp, prior to notification of financial assistance, the participant must register per the Registration Process of the Palm Coast Parks & Recreation Department.
4. One application must be completed for each individual.
5. Scholarship funding does not include field trips, trips & tours or athletic leagues. Applicants choosing to participate in any of the above listed, is considered voluntary and must be paid in advance by the applicant.
6. Scholarship recipient may be of any age.
7. Those awarded scholarship funding must comply with all Palm Coast Parks & Recreation registration/participation rules and policies.
8. Those awarded scholarship must complete a survey at the end of the program.
9. When qualified, scholarship funding must be used during the program application season indicated on the City of Palm Coast Application.
10. Definition of **Household Member**, “anyone who is living with you and shares income and expenses, even if not related.”



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**\*Those who fail to provide the required documentation will be ineligible for scholarship funding.**

**Application Deadline:**

- Summer Season**
  - March 4- April 15, 2019
- Fall Season**
  - August 1- September 15, 2019
- Winter/Spring Season**
  - December 1, 2019- January 15, 2020

**Application Check List\*: Please submit the documents below with the Scholarship Application.**

- Application Check List
- Completed Scholarship Application Form
- Completed Palm Coast Parks & Recreation Registration Form
- Completed Palm Coast Parks & Recreation Youth Supplement Form, if applicable.
- Verification letter from Flagler County School District verifying participation in the free or reduced lunch program, if applicable.

***Documentation of income for ALL household members, submit all that apply: (proof of any and all income including any and all State and Federal Assistance.)***

- Copy of most recent tax return
- Documentation of income
  - Two Recent Pay Stubs, OR
  - Two Recent Unemployment Compensation receipts
- Documentation of State and Federal Assistance (welfare), Social Security, SSI, or other benefits
- Child or spousal support
- Pension or Retirement Benefits
- Other Income

**Appropriate documentation must be attached for this application to be considered.**

Participant has received a City of Palm Coast Scholarship before:  Yes  No Date: \_\_\_\_\_



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**Applicant Name:** \_\_\_\_\_  
Last First

**Address:** \_\_\_\_\_  
Street City State

**Phone:** \_\_\_\_\_  
Home Cell Work

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

**List below all members of the household residing at the residence listed above:**

*List all Household members even if they do not receive income. For each Household Member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write "0" or leave blank, you are certifying (promising) that there is no income report.*

Last Name	,	First Name	Relationship	Age	Employed?	Annual Income
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Total Members in Household:</b>					<b>Total Gross Income:</b>	\$

**Check all that apply to your current situation:**

SOURCE OF INCOME			Annual Income
Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Pension/Retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Unemployment Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Child or Spousal Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Federal Welfare Recipient	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Free/Reduced School Meal Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Social Security Benefits (Disability/Survivor/Other)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Women, Infant and Children (WIC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
<b>TOTAL</b>			\$



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Please complete the below. Use the reverse side if needed.

In your own words, briefly explain why this applicant should be considered for scholarship assistance:

Scholarship Seasons

- 2. Summer
- 3. Fall
- 4. Winter/Spring

**I understand that this application form does not guarantee a scholarship award or an opening or acceptance into the program desired. I attest that the information contained herein is accurate and truthful.**

\_\_\_\_\_  
Signature Legal Parent/Guardian

\_\_\_\_\_  
Date

STATE OF FLORIDA, COUNTY OF FLAGLER

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2019, by \_\_\_\_\_ (check one)  who is personally known to me or  who produced a Florida driver's license as identification.

\_\_\_\_\_  
Notary Public

Print Name: \_\_\_\_\_

My Commission expires:

**Office Use Only Below this Line:**

\*\*\*\*\*

Approved  Not Approved:

Total Award : \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_