

Recreation Youth Scholarship Program

APPLICATION FORM:

PART 1 – PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I, the undersigned, understand that the information given will be kept confidential and may be verified by the local or federal government. The information provided is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I understand that any willful misstatement of material fact will be grounds for disqualification. **I agree to pay any outstanding balance I have on my household account after all scholarship money has been applied.**

PART 2 – CHILD’S INFORMATION (FOR OFFICE USE ONLY)

Child's Name and Date of Birth	May – August Session				September-December Session				January – April Session			
	Class Number	Class Fee	Scholar Amount	Fee Paid	Class Number	Class Fee	Scholar Amount	Fee Paid	Class Number	Class Fee	Scholar Amount	Fee Paid
NAME: _____												
DOB: _____												
E: _____ R: _____												
NAME: _____												
DOB: _____												
E: _____ R: _____												
NAME: _____												
DOB: _____												
E: _____ R: _____												
NAME: _____												
DOB: _____												
E: _____ R: _____												

CHECKLIST FOR OFFICE USE ONLY – COPIES OF ALL FORMS REQUIRED

Receiving Staff: _____ Date Received: _____

Copy of Proof of household income (Social Security Numbers Redacted)

1040 income tax return W2's SSI/SSDI Benefit Statement State Assistance income statement form

Copy of Proof of City of Pasco Residency

Current Utility Bill (Power/Water) Housing Lease Other: _____

Date Entered in CDBG: _____ Approved Denied Authorizing Staff: _____

Print Income Eligibility (CDBG Online) Print Self-Certification of Annual Income (CDBG Online)

CDBG ELIGIBILITY: Ext Low Low Moderate