

MONROE COUNTY PARKS AND RECREATION

2017 Youth Program Scholarship Application Form

Applicant's Name _____

Address _____
City State Zip

Home Phone _____ Cell Phone _____ email _____

Participant Information:

Name	Age	Grade	Program Requested
1.			
2.			

Application Instructions and General Information:

- Any family who feels that a fee for a Monroe County Parks & Recreation activity would be discriminatory due to financial hardship may request a scholarship.
- Scholarship availability is limited and they are awarded on a first come/first served basis. Full day camp scholarships are valued at \$260, the cost of two full sessions. Families will be limited to one full day camp scholarship per year.
- Monroe County residency required.
- **Proof of income is required.** Applicants must submit most current income tax return and two most current pay check stubs for all household members 18 years old and older. Free document copies can be made at our office.
- If an applicant's financial status has changed since his or her last tax return, (i.e. job loss, disability, divorce), please include supporting documentation from the appropriate social service agency (Unemployment Office and/or Welfare Department) of current financial situation.
- Scholarship applications will be reviewed and awarded by the administration of Monroe County Parks and Recreation Department. A scholarship may be revoked for misuse (i.e. not attending a program, behavioral problems, or misrepresentation on this form).
- Any applicant denied a scholarship or who has had a scholarship revoked has the right to appeal to the Monroe County Parks and Recreation Board, which reserves the right to reject or authorize the scholarship. If time is a factor, the Park Board President may render a decision.

Income Qualifications

The U.S. Department of Health & Human Services 150% poverty level guidelines are used for determining eligibility. If an applicant's Gross Annual Income is within 10% of the guidelines, a partial scholarship (½ program fee) is available.

Number in household	Gross annual income for full scholarship	Gross annual income for partial scholarship
1	\$18,090	\$19,899
2	\$24,360	\$26,796
3	\$30,630	\$33,693
4	\$36,900	\$40,590
5	\$43,170	\$47,487
6	\$49,440	\$54,384
7	\$55,710	\$61,281
8	\$61,980	\$68,178

If there are more than 8 members in the household, add \$4,810 for each additional household member.

Total household yearly gross income: \$ _____ Number of people living in household: _____

List name & place of employment for all household members 18 years old and older, and not in school:

Name	Place of Employment
1	
2	
3	

I attest that the information on this form and in the documents that I have provided are true.

X _____
Applicant's signature *Date*

For Office Use Only:

Verified income amount: \$ _____ Scholarship amount awarded: \$ _____

Application: Approved _____ Denied _____ Reason for denial: _____

Supervisor's signature _____ Date _____

