



PROGRAM SCHOLARSHIP APPLICATION

The City of Fort Lauderdale Parks and Recreation Department is dedicated to providing youth, teens and senior programs to all residents of Fort Lauderdale regardless of economic status. In order to accommodate those unable to pay the full-approved fee, this application must be completed. If the participant is a minor, the parent/guardian requesting the scholarship must complete this form. Scholarships are awarded on first-come first-served basis and are contingent upon eligibility and available funding. **The completed and signed application with the required attachments must be submitted to the Parks and Recreation Main Administrative office located at 701. South Andrews Avenue.** Scholarships are based on gross annual household income and the number of people living in the household. Incomplete applications will not be processed or considered.

PLEASE PRINT ALL INFORMATION

Head of Household _____ **RecTrac Household #** _____
Street Address, City, Zip _____
Cell Phone _____ **Work Phone** _____
Total Family Size _____ **# Adults** _____ **# Children** _____

PARTICIPANTS NEEDING ASSISTANCE

First Name	Last Name	Park/Facility	Programs Please check all that apply.										
			Summer Camp	PLAY		Transportation	Teens	Speed Camp	YDL/K-Club	Winter Camp	Spring Camp	Club 55+	Other: If the program you are interested in is not listed, please write it on the line below.
				Session									
			1	2	1	2	1	2					

INCOME AND EMPLOYMENT INFORMATION

Head of Household _____	Spouse _____
Employer's Name _____	Employer's Name _____
Address _____	Address _____
Phone Number (____) _____	Phone Number (____) _____
Gross Annual Income _____	Gross Annual Income _____
Total Gross Annual Household Income _____	

The application must have supportive documents which indicate household income, number of people in household and proof of custody for children residing.

Prior year income tax return with the attached W-2 (if this is provided will accept as the only proof)

Without the above documentation, two of the following is required to satisfy the documentation requirements including proof of guardianship:

- Proof of unemployment benefits, Social Security Income, or Supplemental Security Income
- Proof of Medicaid or Food Stamps qualification
- USDA Tenant Certification

I hereby attest that all information provided on this form to the best of my knowledge is true, complete and accurately reflects the income of all persons living in my household. I hereby give approval to the City of Fort Lauderdale's Park and Recreation Department to contact the employers listed for verification purposes. The City of Fort Lauderdale's Park and Recreation Department reserves the right to require additional documentation if deemed appropriate. If my financial condition changes at any time, I will report this immediately and complete a new application.

Parent/Guardian Signature _____ Date _____

Parent/Guardian (Print Name) _____

For Office Use Only

Received/Reviewed by (*Senior Recreation Program Coordinator*): _____

- P.A.R.K. Scholarship Worksheet attached
- Proof of Residency attached

Verified by (*Recreation Program Supervisor*): _____

Deputy Director (print name/signature/date): _____

- Approved Disapproved

Director (print name/signature/date): _____

- Approved Disapproved

P.A.R.K. SCHOLARSHIP VERIFICATION WORKSHEET

(For use by Park and Recreation staff only)

Parent/Guardian Name _____

Size of Household _____ Annual Household Income _____

Prepared by (*print name/signature/date*): _____

Instructions:

1. Write the program fee (a.) without any discounts and (b.) with the Y.E.S. rate in the box numbered 1.
2. Align the "Gross Annual Household Income" with the "Household Size". Write "yes" if the household size is less than or equal to the gross annual household income. Write "no" if the household size is greater than the gross annual household income.
3. Adjusted Participant Program Fee should be \$0 if both Y.E.S. (75%) and P.A.R.K. (25%) scholarships are applied (100%).

Household Size	Gross Annual Income
	Less than or equal to
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
For families/households with more than 8 persons, add \$5,380 for each additional person.	
1. Program Fees	a. \$ _____ b. \$ _____
2. Verified Household Size and Gross Annual Income?	
3. Adjusted Participant Program Fee	\$ _____

* Valid through December 2024