

**Jefferson Parks and Recreation Department
Scholarship Program
General Information Form**

Purpose:

- The Jefferson Parks and Recreation Department believes in providing services and programs to all who wish to participate, regardless of financial status.

- The Scholarship Program purpose statement will appear in every Jefferson Parks and Recreation program brochure.

Eligibility:

- Applicants must live within the City limits of Jefferson.

- Partial financial aid ($\frac{1}{2}$ the cost of the programs) will be granted, after reviewing the Financial Aid Information Form submitted to our office. Applicants will be required to make $\frac{1}{2}$ payment or agree to perform volunteer work within a park (volunteer work is only available during the summer months), before program requests will be processed.

- The maximum funding per individual is \$40.00 per year. The maximum funding per household is \$120.00 per year. All persons living at the same address, who are directly related, are legal dependents of the applicants or are foster children, define a household.

- Some activities are exempt from the reduction in fees, i.e. adult league fees, trips, shelter rentals, and camps co-sponsored with other groups where a direct cost is involved.

How to Apply:

- School District Residents may apply by completing a Financial Aid Information Form. This form must be updated every 12 months. If you have questions, please call the Recreation Department at 674-7720.

Selection Process:

- Jefferson County gross monthly income standards will be used to assist with determining eligibility. Eligibility will be determined on a case-by-case basis. Applicants will be notified by mail of their funding status. **The application will be processed within five working days.** All financial aid forms will be kept confidential.

**Jefferson Parks and Recreation Department
Scholarship Program - Financial Aid Information Form**

PERSONAL

Name of Applicant: _____

Name of Parents/Guardians: _____

Address: _____

Phone: _____ home _____ work

Do your children receive reduced or free school lunches? Reduced Free

List all immediate family/household members:

First and Last Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EMPLOYMENT

Are you currently employed yes no

Employer: _____

Employer Address: _____

Occupation: _____

Is your spouse currently employed yes no

Employer: _____

Employer Address: _____

Occupation: _____

HOUSEHOLD MONTHLY INCOME

Gross Earning	\$ _____	Spouse/Partner Earnings	\$ _____
Family Assistance	\$ _____	Government Assistance	\$ _____
Food Stamps	\$ _____	Housing Subsidy	\$ _____
Unemployment	\$ _____	Soc. Sec.	\$ _____
SSI	\$ _____	W-2	\$ _____
Medical Assistance	\$ _____	State/Federal Aid	\$ _____
Alimony/Child Support	\$ _____	Foster Care Payments	\$ _____
Investment Income	\$ _____	Other Income	\$ _____

TOTAL MONTHLY INCOME \$ _____

Please check one of the boxes below

I agree to pay $\frac{1}{2}$ the cost of the requested programs in cash.

I agree to volunteer my time for $\frac{1}{2}$ of the program costs.

Check one of the following, which you and/or your family are willing to volunteer to do the summer months of June, July & August (You will be provided with a checklist with volunteer responsibilities)

Pick up trash in a park

Weed a flowerbed in a park

I certify that the answers given herein are true and complete to the best of my knowledge. I agree to provide and authorize investigation of all statements contained in this application as may be necessary in arriving at a qualification decision to the Scholarship Program.

Applicants Signature (must be over 18)

Date