



# Scholarship Application Process

## Who is Eligible?

A resident of the City of Oakland Park who is currently on public assistance (*food stamps and Medicaid etc.*) is eligible.

The scholarship program is designed for athletic and child care programs only.

Scholarship applications will be accepted for any city sponsored athletic program or from a youth sports provider partnering with the City such as, but not limited to, Northeast Little League.

## How Do I Apply?

The completed application must be **notarized**. The following documents must be attached to the application in order for the application to be processed:

- State of Florida government issued photo I.D.
- Proof of Residency such as a current utility bill issued within the last two months (FPL, water or cable)
- Copy of participant's birth certificate
- Letter explaining circumstances
- Current public assistance documentation
- Income Tax Form from previous calendar year

**Mail your complete application to:** *City of Oakland Park, Parks and Leisure Services Department, 1100 Park Lane East, Oakland Park, FL 33334.*

The notarized application will be used solely for the purpose of determining eligibility for discounted program fees. You will be notified by email upon determination of eligibility. This process takes approximately 2-3 weeks from receipt of application.

If approved, a \$50.00 maximum credit per person will be issued for the specified athletic program and a 50% reduction will be applied to the childcare program for a duration of one year.

For additional information, please call Parks and Leisure Services at 954.630.4500.





# Scholarship Application

Program: \_\_\_\_\_ Program Year: \_\_\_\_\_

### Program Participant Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Scholarship Applicant Information:

Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Income Information:

Annual Household Income: \$ \_\_\_\_\_  
 How many live in the household? \_\_\_\_\_  
 Household rent / mortgage: \$ \_\_\_\_\_  
 Other income: Child Support/SS/Alimony \$ \_\_\_\_\_  
 Court ordered child support payments: \_\_\_\_\_  
 Monthly medical expenses: \$ \_\_\_\_\_

Did you remember to bring the following documents?

- Proof of residency
- Photo ID
- Copy of participant's birth certificate
- Letter requesting assistance
- Public Assistance documentation
- Income Tax Form from previous year

### Please check the following:

Is anyone in the household pregnant? Yes  No   
 Is anyone in the household a veteran? Yes  No   
 Is anyone in the household working? Yes  No   
 Do you receive public assistance from the State? Yes  No   
 Are all household members U.S. Citizens? Yes  No   
 Is anyone disabled? Yes  No   
 Is anyone enrolled in Medicare? Yes  No   
 Do you pay for heat/cool separate from rent? Yes  No

\_\_\_\_\_ The application herein is approved for a financial scholarship.

\_\_\_\_\_ The application herein is not approved for a financial scholarship.

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

I hereby state that the information shown on this form and all documentation is accurate:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 By \_\_\_\_\_, who is personally known to me, or, if not, produced the following form of identification: \_\_\_\_\_.

### Notary Public:

Sign: \_\_\_\_\_ Print: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_ My Commission Number: \_\_\_\_\_