



**APPLICATION FOR FLUVANNA PARKS & RECREATION  
SCHOLARSHIP PROGRAM**

Applicant's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
(Guardian)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Total number of persons dependent on income \_\_\_\_\_

**Person(s) Seeking Financial Assistance**

<i>Name</i>	<i>Age</i>	<i>Date of Birth</i>	<i>Program</i>	<i>Fee</i>
1. _____				
2. _____				
3. _____				

Total Gross income from all sources: Employment, child support, etc. \_\_\_\_\_

**If your GROSS monthly income is in one of the categories below you will qualify for 50% of the program fee.**

<u>Family Size</u>	<u>Monthly Income</u>	<u>Family Size</u>	<u>Monthly Income</u>
1	\$1,490 or less	6	\$4,130 or less
2	\$2,018 or less	7	\$4,658 or less
3	\$2,546 or less	8	\$5,186 or less
4	\$3,074 or less	9	\$5,714 or less
5	\$3,602 or less	10	\$6,242 or less

I am able to pay \$ \_\_\_\_\_ toward the cost of the program.

Attach a copy of your latest check stub(s) or any other means of assistance ie: DSS (If Applicable) with this form. Please circle if this is weekly, bi-weekly, or monthly, etc. If you are self-employed please attach a copy of your last year's tax return.

I certify that the above information is true and complete to the best of my knowledge. I understand that false or incomplete information could jeopardize my financial assistance.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved:  YES  NO Approved by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_