



SCHOLARSHIP APPLICATION FORM 2009 PROGRAMS (PART 1 OF 2)

1. To be eligible for a scholarship, all adults in the household must be working, attending school, or training.

Applicant must pay full registration fee at time of registration.

Incomplete application forms will not be accepted.

Do you, and/or your spouse, or other adults in household, work or attend school/training?

Yes No If "Yes," please complete the attached form. **If "No," stop now!** ◀◀◀

2. In order to process your application, YOU and ALL ADULTS in household MUST SUBMIT all the necessary documents:

ALL applicants MUST submit:

- A. Copies of the last 4 pay stubs or a typed letter from your employer stating the amount you are paid and how often (weekly, bi-weekly, monthly, etc.).
- B. Copy of official class schedule if attending school, if applicable.

3. YOU MUST SUBMIT DOCUMENTS WITHIN FIVE WORKING DAYS.

Qualified applicants will be refunded registration fee difference. Applications submitted after the first day of the session will take effect the following session.

4. If applicant qualifies for the scholarship, the scholarship fee will be due each session.

▶▶▶ You will be contacted *if an interview is necessary* upon review of your submitted application.

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FOR PARKS & RECREATION DEPARTMENT
STAFF USE ONLY:

Approved#: _____ Denied #: _____

Comments: _____

Employee's Signature: _____ Approval Date: _____

Name of Parent Notified: _____ Date: _____

Notified by (Site Supervisor): _____



FOR STAFF USE ONLY Payment \$: _____ Per Child. Scholarship #: _____

SCHOLARSHIP APPLICATION FORM 2009 PROGRAMS (PART 2 OF 2)

DATE: _____
PROGRAM: _____
SITE: _____

FOR STAFF USE ONLY

SCHOLARSHIP CHECKLIST:

___ 4 pay stubs or typed letter
___ College schedule, if applicable

1. Name of child(ren) for whom scholarship is being requested:
Name: _____ Grade: _____

2. Name of Parent(s) or Guardian(s): _____
Address: _____
Telephone (H): _____ (W): _____

3. MUST LIST ALL NAMES and ages of EVERYONE living in the same household, including parents or guardians.

Name: _____	Age: _____	Name: _____	Age: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STOP! Did you supply all the information for numbers 1-3? If not answered, YOU will delay the processing of your application.

4. Place of employment: _____ Telephone (W): _____
Address of employment: _____ City/ZIP: _____
Hourly wage: \$ _____ How many HOURS A WEEK do you work? _____
How often do you get paid? Weekly Every 2 weeks Monthly
 Twice a month (on the _____ and _____ of the month)

5. SPOUSE'S/OTHER ADULT'S place of employment: _____ Telephone (W): _____
Address of employment: _____ City/ZIP: _____
Hourly wage: \$ _____
How often do you get paid? Weekly Every 2 weeks Monthly
 Twice a month (on the _____ and _____ of the month)

FOR STAFF USE ONLY

Annual Income: \$ _____
Total Household Income: \$ _____

6. Do YOU attend school or training? Yes No If so, provide copy of class schedule.
Name of School: _____ Phone#: _____
Address of School: _____ City/ZIP: _____
Days of participation: _____ Hours of participations: _____

7. I certify that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that the information I provided will be used to determine eligibility and that I may be required to document the accuracy of the information. The information is subject to external verification and may be released for such purposes. I am also aware that I am subject to immediate termination from the scholarship program if information is found to be incorrect.

Parent's Signature: _____ Date: _____

Termination: _____
Update: _____
Start Date: _____
FOR STAFF USE ONLY