1. Participants must first apply with WorkForce (WF), located at 520 N. Staples St., Corpus Christi, Texas 78401; phone: 361-882-7491. If denied or placed on the waiting list, then you may apply for the City's Scholarship. A copy of the denial or waiting list letter from WF will be required.

   ► To be eligible for a scholarship, all adults in the household must be working, attending school, or training 25 hours or more per week.
   ► Applicant must pay full tuition at time of registration.
   ► Incomplete application forms will not be accepted.
   ► Participants cannot receive financial assistance for child care from more than one agency.
   ► Please note that this application is only good for school year 2018-2019.

   ► 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. Copy of denial or waiting list letter from the WorkForce.
   B. 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.).
   C. If receiving child support, submit a copy of your Child Support Agreement.
      If you state that no child support has been received, you must submit letter from Attorney General’s Office to verify your statement. (Attorney General’s address: 2820 South Padre Island Drive, Suite 298, Corpus Christi, TX 78415; Phone: 361-851-5024)
   D. Copy of official class schedule if attending school, if applicable.

3. YOU MUST SUBMIT DOCUMENTS WITHIN FIVE WORKING DAYS.

   Qualified applicants will be credited tuition difference. Applications submitted after the fifth day will take effect the following month.

For scholarship questions, contact Al Ramirez at AlfonsoR@cctexas.com or 361-826-3497.

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

Corpus Christi Parks & Recreation • Live. Learn. Play! Visit www.ccparkandrec.com

The City of Corpus Christi promotes participation regardless of race, color, national origin, sex, age, religion, disability or political belief. Reasonable accommodations are provided upon request and in accordance with the Americans with Disabilities Act. A Reasonable Accommodations form is provided to all parents of children registered in the Latchkey program. Please submit your request at least (5) five business days in advance or call 316-826-3499. Upon request, this information can be available in large print or digital file.
SCHOLARSHIP APPLICATION FORM
SCHOOL YEAR 2018-2019 (PART 2 OF 3)

DATE: _________________________
PROGRAM: _________________________
SITE: _________________________

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): _______________ SSN: __________________________

3. MUST LIST ALL NAMES and ages of EVERYONE living in the same household, including parents or guardians.
   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: __________________________
   What DAYS do you work? (If your schedule varies, write all possible scheduled days.)
   ______________________________________________________________________________
   (If your hours vary, write all possible scheduled hours.)
   ______________________________________________________________________________
   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: __________________________
   What DAYS do you work? (If your schedule varies, write all possible scheduled days.)
   ______________________________________________________________________________
   (If your hours vary, write all possible scheduled hours.)
   ______________________________________________________________________________
   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
SCHOLARSHIP CHECKLIST:
___ WorkForce letter
___ 4 pay stubs or typed letter
___ College schedule, if applicable
___ Child support letter

FOR STAFF USE ONLY
Child Support: $ __________
Annual Income: $ __________

FOR STAFF USE ONLY
Annual Income: $ __________
Total Household Income: $ __________
6. PLEASE INDICATE THE AMOUNT YOU OR ANYONE IN YOUR HOUSEHOLD ARE RECEIVING FOR ANY OF THE FOLLOWING BENEFITS:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alimony</td>
<td>$</td>
</tr>
<tr>
<td>Child Support</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>$</td>
</tr>
<tr>
<td>School Grant</td>
<td>$</td>
</tr>
<tr>
<td>Social Security</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
</tbody>
</table>

☐ If you are a single parent and do not receive child support, you must provide proof. (See 2.C. on page 1.)

7. 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: ________________

8. Does YOUR SPOUSE/OTHER ADULT IN HOUSEHOLD attend school or training? ☐ Yes ☐ No
   Name of School: __________________________ Phone#: _______________________
   Address of School: _________________________ City/ZIP: _______________________
   Days of participation: _____________________ Hours of participations: ________________

9. 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: _______________________

FOR STAFF USE ONLY:

Approved#: _____________________ Denied #: _____________________
Comments: _______________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Employee's Signature: __________________________ Approval Date: _______________

Name of Parent Notified: __________________________ Date: _______________
Notified by (Site Supervisor): __________________________