

# Angleton Parks & Recreation 2020 Scholarship Program



## POLICY

The scholarship program establishes the eligibility, requirements, distribution, award level and guidelines that apply to all Angleton Parks & Recreation programs for which a fee is charged. The scholarship program will serve youth, adults, and seniors in Angleton city limits. It is the desire of Angleton city council that scholarships exist to execute the goal of Angleton Parks & Recreation by assisting low-income families and individuals and subsidizing costs associated with Angleton Parks & Recreation programs.

## DETAILS & ELIGIBILITY

- Applicants are required to be City of Angleton residents. Proof of residency must be provided with application. A current utility bill or driver's license are acceptable forms of proof.
- Applications must be completed by a parent or guardian if the recipient is under the age of 18. Legal documents verifying guardianship must be provided.
- Must submit a copy of the current year completed IRS tax forms indicating low to extremely low-income qualification for Federally assisted programs.
- Applicants who meet eligibility requirements are awarded up to a maximum of \$75 per family/person per year, not to exceed \$300 per household.
- Funds cannot be applied to adult sports leagues, facility or parks rentals, contract programs or camp late fees.
- A new application is required to be completed every year.
- Scholarships may be rescinded, and restitution of any fees paid if scholarship information is falsified.
- Eligibility questions should be directed to the Recreation Superintendent.
- Funds are limited and once exhausted may not be replaced until the next fiscal year.

## APPLICATION

- Complete all sections of the Fee Assistance Program application.
- Provide required documents with application.
  - Proof of residency
  - Legal documents verifying guardianship
  - Current year completed IRS tax forms indicating low to extremely low-income qualifications for federally assisted programs or SSI statement with dependents listed.
- Once all documentation has been received and verified, recreation staff will review and process applications within 14 business days. Applicants will be notified by email of status of scholarship.
- A new application is required to be completed every year.
- Applications and supporting documentation should be returned to:

Angleton Parks & Recreation Attn: Recreation Superintendent  
1601 North Valderas Street  
Angleton, TX 77515

# Angleton Parks & Recreation 2020 Scholarship Application

**Year 2020**

The information on this application will remain confidential and is used to apply for scholarships for Angleton Parks & Recreation programs, events and memberships. Please complete all sections below and submit along with all needed documentation. Household includes all dependents on applicant. Household income is the total before taxes for all household members.

## DETAILS & ELIGIBILITY

<b>Household Size:</b>	Household Size	1	2	3	4	5	6	7	8
_____	25% Scholarship	\$54,950	\$62,800	\$70,650	\$78,500	\$84,800	\$91,100	\$97,350	\$103,650
<b>Total Household Income:</b>	50% Scholarship	\$35,600	\$40,650	\$45,750	\$50,800	\$54,900	\$58,950	\$63,000	\$67,100
_____	75% Scholarship	\$21,350	\$24,400	\$27,450	\$30,500	\$32,950	\$35,400	\$39,640	\$44,120

## APPLICANT INFORMATION

\_\_\_\_\_

First Name Last Name Date of Birth

\_\_\_\_\_

Address City, State, Zip

( )

\_\_\_\_\_

Phone Email Address

## APPLICANT DEPENDENTS

_____	_____	_____	_____ / _____ / _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
First Name	Last Name	Relationship	Date of Birth	
_____	_____	_____	_____ / _____ / _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
First Name	Last Name	Relationship	Date of Birth	
_____	_____	_____	_____ / _____ / _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
First Name	Last Name	Relationship	Date of Birth	
_____	_____	_____	_____ / _____ / _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
First Name	Last Name	Relationship	Date of Birth	

## DOCUMENTS INCLUDED:

Most Recent Tax Return  SSI Statement  \_\_\_\_\_ (other)

### OFFICE USE ONLY

Date received: \_\_\_\_\_ Verified by: \_\_\_\_\_ Income Document: \_\_\_\_\_

Approved  Not Approved Awarded:  0%  0%  0%