



## 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

	Name	Age	Date of Birth	Program	Fee
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

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

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

Attach a copy of your latest check stub(s) 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Size	Maximum Monthly Income
1	\$1,444
2	\$1,943
3	\$2,442
4	\$2,940
5	\$3,439
6	\$3,938
7	\$4,436
8	\$4,935

Approved: \_\_ YES \_\_ NO Approved by \_\_\_\_\_

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