

**Jefferson Parks and Recreation Department
Fee Reduction Scholarship Program
General Information Form**

Purpose:

- The Jefferson Parks and Recreation Department believes in providing services and programs to all who wish to participate, regardless of financial status.
- The Scholarship Program purpose statement will appear in every Jefferson Parks and Recreation program brochure.

Eligibility:

- Applicants must live within the School District of Jefferson.
- Partial financial aid ($\frac{1}{2}$ the cost of the programs) will be granted, after reviewing the Financial Aid Information Form submitted to our office. Applicants will be required to make $\frac{1}{2}$ payment before program requests will be processed.
- The maximum funding per individual is \$40.00 per year. The maximum funding per household is \$120.00 per year. All persons living at the same address, who are directly related, are legal dependents of the applicants or are foster children, define a household.
- Some activities are exempt from the reduction in fees, i.e. adult league fees, trips, shelter rentals, and camps co-sponsored with other groups where a direct cost is involved.

How to Apply:

- School District Residents may apply by completing a Financial Aid Information Form. This form must be updated every calendar year. If you have questions, please call the Recreation Department at 674-7720.

Selection Process:

- Jefferson County gross annual income standards will be used to assist with determining eligibility. Eligibility will be determined on a case-by-case basis. **The application will be processed within five working days.** All financial aid forms will be kept confidential.



Jefferson Parks and Recreation Department
Fee Reduction Scholarship Application

PRIMARY APPLICANT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State/Zip:: _____

Cell Phone: _____ Work Phone: _____

Total household members applying: _____

Email address: _____

Total household income: List adjusted gross income for your most recent tax form (Line 37 on 1040, Line 4 on 1040 EZ or line 21 on 1040A _____

LIST ALL MEMBERS APPLYING FOR SCHOLARSHIP ASSISTANCE including primary applicant
NAME AGE GENDER (M/F) BIRTHDATE

NAME	AGE	GENDER (M/F)	BIRTHDATE

NOTE: This is **not** a registration form. Once you have received approval for the scholarship program, you will be able to register for programs and pay only 50% of the youth program fee. Registration is what assures your spot in the program. **Families will be asked to confirm their eligibility status each calendar year.**

Please explain why the Recreation programs are special to you:

I have read the Scholarship Program Guidelines and understand the policies and criteria for eligibility. I certify that the answers given herein are true and complete to the best of my knowledge. I agree to provide and authorize investigation of all statements contained in this application as may be necessary in arriving at a qualification decision to the Scholarship Program.

Signature of Application (Adult) _____ Date _____

Current Scholarship Authorization
For office use only

- Proof of Food Share Quest Card
- Proof of SDOJ Free/Reduced Lunch Program
- Proof of Identification
- Proof of Address

Approval Date: _____ Approved by: _____