City of El Paso Parks and RecreationYouth Scholarship Application

Approved	
Denied	

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED * APPLICANT MUST PROVIDE A VALID I.D.

Parent / Legal Guardian						
Applicant						
Address	First		M.I.	Last		
Email	Street		City Phone (Zip Code/ City District		
EIIIaii	Approval/Denials wi	ll be sent via email	<u>(</u>	1		
Children / Youths						
	First	Last	DOB	Relationship to you		
Income Verification						
Applicant	First Name Last Name					
Employer						
	Company Address / Phone					
Provided 2 months consecutive paycheck vouchers Total income \$						
Or, provide the following information:						
☐ Housing Authority (HUD) Section 8 Rent Subsidy ☐ Medicare or Medicaid						
☐ Food Stamps ☐ Supplementary Security Income (SSI)						
Household Adult Members List all <u>additional</u> persons related by blood, marriage, or adoption residing in the household. List employers or other source of income. (example: Social Security, retirement benefits or child support payments)						
	Name	Employer/source of income	Phone	Annual Income		
				\$		
			TOTAL	\$		
OFFICIAL USE ONLY – PRINT ALL INFORMATION						
Recreation Center where application submitted: Date:						
Employee receiving application:			Date:			
Supervisor reviewed application:				Date:		

The City of El Paso reserves the right to revoke a Youth Scholarship offered to an individual. All Scholarship recipients are expected to abide by all rules and regulations of the program and to treat park and recreation facilities with proper respect. Applicants, who provide incorrect, incomplete or false eligibility information to the City, will not be eligible for a scholarship. The City also has the right to revoke a Youth Scholarship offered to an individual if applicant has a history of program nonattendance after being awarded a scholarship. I certify that all the information provided on this application is true and correct to the best of my knowledge and that all previous year household income is reported. I authorize that information on this document may be verified with the employers or other income sources, and authorize said employers or other sources to release this information. Adult signature Date Date stamp application Received at Parks Administration