



# CITY OF MOUNT DORA

PARKS AND RECREATION

## Scholarship Application Participant Information Form (Fill out one form per child)

### PARTICIPANT INFORMATION

First Name	Last Name	Nick Name
Birth Date	Playing Age	Gender
Street Address	City	Zip Code
Mailing Address	City	Zip Code

Check one to indicate if your child is currently receiving:  **Free** or  **Reduced** lunch at school.

### LEGAL GUARDIAN INFORMATION

Father's Name	Home Phone	Business Phone	Cell Phone
Mother's Name	Home Phone	Business Phone	Cell Phone
Mother's E-Mail Address (this is for scheduling & updates)	Father's E-Mail Address (this is for scheduling & updates)		

### GUARDIAN'S WORK INFORMATION

Do you work for the City? Yes  No  If yes, please state job and department: \_\_\_\_\_

State names of relatives and friends working for the City of Mount Dora : \_\_\_\_\_



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## Scholarship Application Directions

The City of Mount Dora would like to provide more families in the community with an opportunity to experience our services. The City of Mount Dora has a limited amount of financial assistance available based on funds which have been donated to the Recreation Department. It is our desire that no child be denied access to programs due to financial need. However, Scholarship funds are limited and will be awarded to those most in need. Please complete the following information accurately and completely.

### ELIGIBILITY

1. Assistance is granted upon applicant's City of Mount Dora residency.
2. Assistance is granted on the basis of financial need. *(We consider household income and number of legal dependents as primary criteria.)*
3. The Scholarship Program Application must be completed entirely, along with a letter written by you stating why you are requesting a scholarship in order for the applicant to be considered.
4. Scholarships are not guaranteed on an on-going basis. It is necessary for each recipient to reapply before signing up for another program. Scholarships are granted by program week/session.
5. Please allow at least 30 days for processing, each time you apply.

### HOW TO APPLY

1. Fill out one Registration form and one Participant Information form per child.
2. Applicants must complete all sections of the Scholarship Application. Please do not leave any spaces blank. Documentation from all sources of income must be provided.
3. The following **MUST** be included with the application:
  - Last months City of Mount Dora utility bill (Water and Electricity determine residency)
  - Proof of income/two most recent paycheck stubs showing income for each adult
  - All W-2's from last year **AND** a copy of last year's tax return
  - Photocopy of your driver's license
  - Other documents showing proof of income from other sources:
    - Social Security benefit statement
    - Disability benefit statement
    - Unemployment benefit statement
    - Worker's Compensation
    - Government Assistance/Food Stamps
    - Retirement or Pension
    - Student loan statement
    - Child support/Alimony statement
4. All information contained in the Scholarship Application will remain confidential.
5. Financial assistance eligibility will be based on review of your information. The City of Mount Dora reserves the right to deny assistance to any applicant.
6. **Incomplete applications cannot be processed and will be returned to the applicant for completion.**

### PROCESSING

Financial assistance eligibility will be determined by our Administration Staff based on review of the applicant's information. You will be notified by mail whether or not you have been awarded or denied a scholarship.

**NOTE:** *A new application must be submitted annually. Please include a copy of your last year's tax return along with a letter written by you explaining why you are requesting a scholarship. You may request an interview in place of a letter. In addition the City reserves the right to require an interview to help with determining need and eligibility for a scholarship.*

*Please keep this information sheet for your records.  
Please allow approximately 30 days for processing.*



# CITY OF MOUNT DORA

PARKS AND RECREATION

## Scholarship Application Income Information Form

(Fill out one form per family)

**PART 1 -** All households complete the following. If you are currently getting Food Stamps or TANF (formerly AFDC) you must list a current case number for each child.

Child's Name	School	Date of Birth	Food Stamp #	TANF #

**PART 2 - HOUSEHOLD MEMBERS AND MONTHLY INCOME:** (1) Write the names of all persons in your household, whether they get income or not. Include yourself, the children you are applying for, all other children, your spouse and any related or unrelated people in your household. Use another piece of paper if you need more space. (2) Write the amount of monthly income each household member made last month, before taxes or anything else is taken out, listing it in the column that shows where it came from. Please refer to the INCOME THAT MUST BE REPORTED chart below. Pay stubs for the last two pay periods must be included in this application for each person listed working.

NAMES	MONTHLY INCOME			
	Weekly x 4.33	Every 2 weeks x 2.15	Twice a month x 2	
List the names, ages & relationship of <u>everyone</u> in your household.	Gross monthly earnings before deductions	Monthly Welfare, Child Support or Alimony	Monthly Pensions, Retirement or Social Security	Job 2 or any other monthly income

### INCOME THAT MUST BE REPORTED

Earnings from Work	Pensions/Retirement/ Social Security	Welfare/Child Support/Alimony	Other Income
Wages/Salaries/Tips	Pensions	Public Assistance	Disability Benefits
Strike Benefits	SSI	Welfare Payments	Cash withdrawn from savings
Unemployment Compensation	Veterans Payments	Alimony Payments	Interest dividends, net rental income, net royalties, annuities
Workers Compensation	Retirement Income	Child Support	Income from Estates/Trusts/Investments
Net income from self owned business	Social Security		Regular contributions from persons not living in household
			Any Other Income

**Misrepresentation:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of scholarship funds. That the City of Mount Dora may verify the information on the application and that deliberate misrepresentation will cause me to lose all scholarship funds.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR CITY OF MOUNT DORA  
USE ONLY**

**MONTHLY INCOME CONVERSION**

Weekly x 4.33      Every 2 weeks x 2.15      Twice a month x 2

**ELIGIBILITY DETERMINATION**

\_\_\_\_\_ TANF/Food Stamp categorical eligibility

Total Monthly Income \_\_\_\_\_

Household Size \_\_\_\_\_

**APPLICATION APPROVED**

\_\_\_\_\_ Yes    \_\_\_\_\_ No

**APPLICATION DENIED**

\_\_\_\_\_ Income too high  
\_\_\_\_\_ Incomplete application  
\_\_\_\_\_ Other

Date Approval/Denial Notice Sent: \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_

Date: \_\_\_\_\_