



# City of Oakland Park

## Parks and Leisure Services Department

### Scholarship Guidelines



#### Who is Eligible?

Any resident of the City of Oakland Park who is currently on public assistance (example: food stamps, Medicaid, etc.) Free and reduced lunch is not considered as public assistance. A resident is defined by a person who resides within the city limits of Oakland Park. Proof of residency is required.

This scholarship is designed for athletic and child care programs only and does not apply to any other programs offered by the City's Parks & Leisure Services Department. Scholarship applications will be accepted for any city sponsored athletic program or from a youth sports provider partnering with the City such as, but not limited to, the Northeast Little League.

#### How Do I Apply?

Applications are available from the City of Oakland Park, Parks and Leisure Services Department, 3650 NE 12 Avenue, Oakland Park, Florida 33334 and online at [www.oaklandparkfl.gov](http://www.oaklandparkfl.gov).

The application must be completed and notarized. The following must be attached to the application in order to process:

- Proof of residency – State of Florida Government issued photo identification with Oakland Park address and either copy of a utility bill not more than 2 months old, vehicle registration, medical/health card with address listed, etc.
- Copy of participant's birth certificate
- Letter explaining circumstances
- Current valid documentation supporting receipt of public assistance.
- Income Tax Form from previous calendar year

The notarized application will be used solely for the purpose of determining eligibility for discounted program fees. You will receive written confirmation upon determination of eligibility. If approved, a \$50.00 maximum credit per person will be issued for the specified athletic program and 50% reduction will be applied to the child care program, as per Ordinance O-2007-036 for a period of one year.

For additional information, please call 954.630.4500.

# Scholarship Application



**Program:** \_\_\_\_\_ **Program Year:** \_\_\_\_\_

**Program Participant Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Scholarship Applicant Information:**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Income Information:**

Annual Household Income: \$ \_\_\_\_\_

How many live in the household: \_\_\_\_\_

Household rent / mortgage: \$ \_\_\_\_\_

Other income: Social Security or \_\_\_\_\_

Child Support / Alimony \_\_\_\_\_

Court ordered child support payments: \_\_\_\_\_

Monthly medical expenses: \_\_\_\_\_

**Please check the following:**

Is anyone in the household pregnant? Yes  No

Is anyone in the household a veteran? Yes  No

Is anyone in the household working? Yes  No

Do you receive public assistance from the State? Yes  No

Are ALL household members U.S. Citizens? Yes  No

Is anyone disabled? Yes  No

Is anyone enrolled in Medicare? Yes  No

Do you pay for heat/cool separate from rent? Yes  No

Did you remember to bring the following documents?

- Proof of residency
- Photo ID
- Copy of participant's birth certificate
- Letter requesting assistance
- Public Assistance documentation
- Income Tax Form from previous year

\_\_\_\_\_ The application herein IS approved for a financial scholarship.

\_\_\_\_\_ The application herein IS NOT approved for a financial scholarship.

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

I hereby state that the information shown on this form and all documentation is accurate:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_ Notary Public, State of Florida. My commission expires: \_\_\_\_\_

Produced Identification: \_\_\_\_\_ Type: \_\_\_\_\_