

# Pwosesis Aplikasyon Pou Bousdetid

## Ki Moun Ki Kalifye?

Yon rezidan nan vil la nan Oakland Park ki kounye a resevwa asistans piblik (koupon manje ak Medicaid, elatriye) es elegible.

El programa de becas está diseñado solo para programas deportivos y de cuidado infantil.

Se aksepte solicitudes de becas pou nenpòt ki pwogram atletik patwosinasyon nan vil la oswa nan yon pwovizwa pou depòte pou jèn asosye ak vil la, kòm, ant lòt, Northeast Little League.

## Kouman Pou Mwen Enskri?

La demand konplè dwe sètifye anvan yon **notè**. Dokiman swivan yo dwe adrese a demand lan pou se pwosedi a:

- Idantifikasyon ak foto emèt pa eta Florid la.
- Konpwouve nan rezidans, tankou yon faktè de sèvis piblik vigente emèt nan dènye mwa yo (FPL, dlo o kab)
- Copia del acta de nacimiento del participante
- Carta eksplike sikonstans
- Dokimantasyon asistans piblik aktyèl
- Fòmilè enpoze sou renta nan ane kalandriye anvan an

**Voye pa lapòs oswa pote aplikasyon konplè ou nan:** *City of Oakland Park, Parks and Leisure Services Department, 3650 NE 12 Avenue, Oakland Park, FL 33334.*

Aplikasyon notarya a pral itilize sèlman nan bi pou detèmine kalifikasyon pou frè pwogram rabè yo. Ou pral avize pa imèl sou detèminasyon elijibilite. Pwosesis sa a pran apeprè 2-3 semèn apre li resevwa aplikasyon an.

Si yo apwouve, yo pral bay yon kredi maksimòm \$ 50.00 pou chak moun pou pwogram atletik espesifye a epi yo pral aplike yon rediksyon 50% nan pwogram swen pou timoun pou yon peryòd de yon ane.

Pou plis enfòmasyon, rele 954.630.4500

# Scholarship Application



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

**Program Participant Information:**

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

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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: \_\_\_\_\_