

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: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

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: _____