

# WARREN PARKS AND RECREATION YOUTH SCHOLARSHIP APPLICATION

NAME \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

Total Household Income \_\_\_\_\_ Number of Person(s) in Household \_\_\_\_\_  
Number of Dependents \_\_\_\_\_

List Dependents:  
Name Birthdate Activity for which financial assistance is requested (List Activity #)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that all information in this application is true to the best of my knowledge and belief. I understand that I must be a Warren resident in need in order to apply for this scholarship. **I also understand that this scholarship is for 50% of the registration fee, for programs that run directly through Parks and Recreation, and 25% of the registration fee of programs where a contractual instructor is hired to run the class. Some programs and activities conducted by contractors do not offer assistance. Financial aid is not available for trips.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employment** Are you currently employed? Yes No  
My Employer \_\_\_\_\_ Spouse's Employer \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Length of time with employer \_\_\_\_\_ Length of time with employer \_\_\_\_\_  
**Income** Monthly gross \$ \_\_\_\_\_ Spouse's monthly gross \$ \_\_\_\_\_  
Annual gross \$ \_\_\_\_\_ Spouse's annual gross \$ \_\_\_\_\_  
other income (child/spousal support) \_\_\_\_\_ Annual gross \$ \_\_\_\_\_  
TOTAL GROSS PER YEAR FOR HOUSEHOLD \$ \_\_\_\_\_

### FAMILY INCOME GUIDELINES

Size of Family	Yearly Income
1	\$22,650.00
2	\$25,850.00
3	\$29,100.00
4	\$32,300.00
5	\$34,900.00
6	\$37,500.00
7	\$40,100.00
8	\$42,650.00

Verification of Residency (verification must either be enclosed or submitted in person)

- \_\_\_\_\_ Valid Driver's License (copy)
- \_\_\_\_\_ State ID (copy)
- \_\_\_\_\_ Property Tax Receipt

Verification of Income Eligibility (verification must either be enclosed or submitted in person)

- \_\_\_\_\_ Most recent tax return with W-2 form
- \_\_\_\_\_ Social Security 1099 form (end of year statement)

Please allow the Parks and Recreation Department at least four weeks advance notice on application dates for all programs you are interested in attending.

**Please note:** We are unable to waive fees for some programs and facilities.

This form may be returned either in person or mailed to: City of Warren Parks and Recreation Department  
Attn: John Grassi  
5460 Arden  
Warren, MI 48092

Information provided is **CONFIDENTIAL** and will not be released without your written permission.