

City of El Paso Parks and Recreation
Youth Scholarship Application

Approved	
Denied	

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED * APPLICANT MUST PROVIDE A VALID I.D.

Parent / Legal Guardian

Applicant _____

First M.I. Last

Address _____

Street City Zip Code/ City District

Email _____

Phone ()

Approval/Denials will be sent via email

Children / Youths

First	Last	DOB	Relationship to you

Income Verification

Applicant _____

First Name Last Name

Employer _____

Company Address / Phone

- Provided 2 months consecutive paycheck vouchers Total income \$_____
- Or,** provide the following information:
- Housing Authority (HUD) Section 8 Rent Subsidy Medicare or Medicaid
- Food Stamps Supplementary Security Income (SSI)

Household Adult Members

List all additional persons related by blood, marriage, or adoption residing in the household. List employers or other source of income.
(example: Social Security, retirement benefits or child support payments)

Name	Employer/source of income	Phone	Annual Income
			\$
TOTAL			\$

OFFICIAL USE ONLY – PRINT ALL INFORMATION

Recreation Center where application submitted: _____ Date: _____

Employee receiving application: _____ Date: _____

Supervisor reviewed application: _____ Date: _____

The City of El Paso reserves the right to revoke a Youth Scholarship offered to an individual. All Scholarship recipients are expected to abide by all rules and regulations of the program and to treat park and recreation facilities with proper respect.

Applicants, who provide incorrect, incomplete or false eligibility information to the City, will not be eligible for a scholarship. The City also has the right to revoke a Youth Scholarship offered to an individual if applicant has a history of program nonattendance after being awarded a scholarship.

I certify that all the information provided on this application is true and correct to the best of my knowledge and that all previous year household income is reported. I authorize that information on this document may be verified with the employers or other income sources, and authorize said employers or other sources to release this information.

Adult signature

Date

Date stamp application
Received at Parks Administration