

Coffeyville Recreation Commission SCHOLARSHIP PROGRAM

The Coffeyville Recreation Commission recognizes the need within our community to provide assistance to residents who do not have the financial resources to participate in the fee-based services we provide. Financial aid is available for those requesting assistance with Recreation Commission youth programs. Applicants must reside within USD 445. The assistance program allows those who qualify to participate at a reduced cost. Eligibility is based on the following income guidelines.

<u>Household size</u>	<u>Annual Income</u>	<u>Amount of Financial Aid to be paid by participant/per program is as follows:</u>
2	\$19,000	
3	\$23,000	
4	\$27,000	1 st Child- 40 % of Program Cost
5	\$31,000	2 nd Child- 30 % of Program Cost
6	\$36,000	3 rd Child- 20 % of Program Cost
7	\$40,000	4 th Child- 10 % of Program Cost
8	\$45,000	

Add \$4,000 for each additional family member.

Please Circle household size and annual income.

Each additional child will receive the program at no cost.

Everyone requesting assistance is required to complete a Coffeyville Recreation Commission Scholarship Application. All arrangements are to be made at the Recreation Commission offices 508 Park Street. Applicants will be notified by telephone or in writing of their eligibility within three working days of filing. Final instructions on obtaining assistance will be given at that time. **The Recreation Commission reserves the right to require documentation of financial resources.**

NOTE: This program is based on the **Fiscal year (July-June)** and does have limited funds. Once the funds have been depleted for the year, participants seeking assistance may re-apply the next calendar year.

Scholarship Application

Complete this form and return it to the Coffeyville Recreation Commission 508 Park Street. All information is confidential.

Applicant Name _____

Address _____

City _____ Home Phone _____

Financial Aid requested for: _____
(Name of participants)

Program(s) _____

Number of family members living full-time in household: Adults _____ Youth _____

Applicant's Signature _____ Date _____
(Parent or Guardian)

By signing this form I hereby attest that I fall within the financial guidelines stated on this page.

- For Office Use Only -

Financial Aid Value _____ Fee to be paid by applicant _____

Comments _____

Approved by: _____ Date paid _____ Receipt # _____