This section to be completed by reviewing staff only ▶	Review No.	Application No.	RecTrac HH No.	Residency	Income Eligible	Review Date	Review Time	Initials
Return applications and eligibility documents to an area Parks and Recreation facility or mail to:								

Return applications and eligibility documents to an area Parks and Recreation facility or mail to:
Austin Parks & Recreation Department Financial Assistance Program, 200 South Lamar, Austin, TX 78704
Fax: (512) 469-2957
Voicemail: (512) 974-3911
Email: PARDFinAid@austintexas.gov



2018 Financial Assistance for Youth Programs

The Austin Parks & Recreation Department is extending financial assistance to qualified families with youth interested in attending recreation programs. To qualify for assistance, youth participants must 1) reside in the City of Austin and 2) receive or be eligible to receive reduced or free lunch program benefits in their school district. Applicants must submit a copy of the eligibility letter provided by the school along with this form or complete the "Attestation of Eligibility" section on the back of the page. Do not provide other financial documentation unless requested. To prevent processing delays, complete and sign in black or blue ink and do not use correction fluid. Incomplete or illegible applications cannot be considered. Recipient households will receive a 50 percent reduction in registration costs for City of Austin Parks and Recreation youth programs and additional program information. Assistance must be renewed annually and will expire December 31, 2018. Eligibility does not guarantee assistance. Assistance does not guarantee program registration or transportation.

Assistance does not	guarantee program	registration or t	transportat	ion.				
	Household Infor	mation: Street a	address det	ermines residenc	y status. No P.	0. boxes		
Household Street Addres	S		Apt No.	City		State	Zip Code	
Primary Adult Name		Home F	hone	Cell	Phone		Work Phone	
- Timery reduce reduce								
Secondary Adult Name		Home Phone		Cell	Cell Phone		Work Phone	
CHECK ALL THAT							Scott Johnson Youth	
APPLY TO YOUR	Scholarship consideration. See <u>Scholarship Terms and Conditions</u> on the back page for full de							
HOUSEHOLD		☐ A participant listed below is between 18 and 22 years of age and receives special education services in his or her school district. The <i>eligibility letter</i> for this applicant must be included.						
Email addresses	are used to commur			· ·				
	email address, com	munications will			•	elays witl	n mailed responses.	
Primary Email Address			Se	condary Email Addres	SS			
	Information: Particip							
	ion above. Complete	e separate applic		•				
Participant Name			Gender	Date of Birth	Scott Johnson	Youth Sc	holarship Consideration	
1.			□ M □ F		☐ Yes ☐ No		CHECK 'YES' NEXT	
			□M □F		☐ Yes ☐ No		TO APPLICANT(S)	
2.			□ M □ F			YOU WOULD LI	YOU WOULD LIKE CONSIDERED FOR	
3.					☐ Yes ☐ No		SCHOLARSHIP.	
4			□M□F		☐ Yes ☐ No		SEE <u>SCHOLARSHIP</u>	
4.							<u>TERMS AND</u> <u>CONDITIONS</u> ON	
5.			□M □F		☐ Yes ☐ No		BACK PAGE FOR	
6.			□M □F		☐ Yes ☐ No		FULL DETAILS.	
*You may list participant	18 to 22 years of age wh	o receive special ed	ucation servic	es in his or her schoo	l district. Include	the <i>eligibili</i>	ty letter for this participant.	
	Certification Stat	ement and Sign	nature: Plea	ase read the state	ment and sigr	below.		
understand if I provi	de false information led participation. I fu	, any financial as rther understar	ssistance re nd if I <u>intent</u>	ceived will be revionally provide fa	oked and full pulse information	payment on this	pplication are true. I for registration will be form, I will be subject ninal prosecution.	
Primary/Secondary Ad	ult Signature				Г	Date		
The City of Austin is proud	d to comply with the Ame	ericans with Disabil	ities Act. If vo	u require assistance	for participation i		rams or use of our facilities,	

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2018 Financial Assistance for Youth Programs

Attestation of Eligibility Section: Complete this section ONLY if you DO NOT have an Eligibility Letter from the participant's school

Use this section to attest to income when the household qualifies for the reduced or free lunch program benefits but does not participate or otherwise cannot provide an eligibility letter. Please note schools can qualify participants for reduced or free lunch benefits using information other than income, but the Parks Department cannot without the eligibility letter from the school. Income eligibility guidelines can be found at http://www.fns.usda.gov/school-meals/income-eligibility-guidelines.

eligibility guidelines can be found at http://www	v.fns.usda.gov/scho						
Total Household Members: List yourself and a members, including all children, regardle		Total Gross Household Month Attestation Sections that list zero or no					
members, including all children, regardle	Date of Birth	Type of Income	Monthly Amount				
		Primary Adult Household Income	,				
		Secondary Adult Household Incor	ne				
		Welfare, Child Support, Alimony					
		Social Security, Pension, Retireme	ent				
		List <u>all</u> additional income sources, including other household members					
		INCOME .	TOTAL				
I certify (promise) the information above is complete and true. I understand the Austin Parks and Recreation Department may request proof or documents to verify the information above at any time while my child(ren) is/are participating in the Financial Assistance Program. I understand if I refuse to cooperate or am unable to comply with a request for information, any financial assistance received will be revoked and full payment for registration will be required for continued participation. I further understand if I intentionally provide false information on this form, I will be subject to the above penalty, be required to return any scholarship funds received and may also be subject to criminal prosecution.							
Primary/Secondary Adult Signature Date							
		olarship Terms and Conditions	70FYYO Y D. YO. A. G. T.				
TO BE CONSIDERED APPLICANTS MUST CHECK TO EXCLUDED FROM CONSIDERATION' AND THE 'YE Households that qualify for free lunches may which is awarded to households, scholarshi and sourced from community donations, he consideration. Households with former or receive scholarship consideration. Participant any funds before scholarships expire will not 25 percent of program costs, up to \$300 in a pis exhausted, any unused amounts become in awarded scholarships will be notified regard awarded after amount and availability is determined.	es' BOX NEXT TO a qualify for addition per awarded to buseholds with cutined City employers should be able at be eligible for this rogramming year. In active and are noting scholarship stimulation.	THE PARTICIPANT(s) THEY WANT CONSTRUCTION OF THE PARTICIPANT(s) THEY WANT CONSTRUCTION OF THE PARTICIPANTS. Because so rent City of Austin employees are es as well as active temporary and so and interested in using funds received scholarship in the future. Scholarship Awarded funds are part of a shared plonger available to recipients. Only hatus and also receive additional pro-	sistance for youth programs cholarship funds are limited not eligible for scholarship easonal staff may apply and l. Recipients who do not use ip funds cover an additional tool. When the pool of funds touseholds with participants				
Site/Facility Staff: Complete this section							
Receiving Staff Site or Faci	lity	Reception Date	Reception Time				
			PM				

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