



City of Oakland Park

Parks and Leisure Services Department

Scholarship Guidelines



Who is Eligible?

Any resident of the City of Oakland Park who is currently on public assistance (example: food stamps, Medicaid, or hardship). Free and reduced lunch is not considered public assistance. A resident is defined by a person who resides within the city limits of Oakland Park. Proof of residency is required.

The scholarship program is designed for athletic and child care programs only and does not apply to any other programs offered by the City's Parks & Leisure Services Department. Scholarship applications will be accepted for any city sponsored athletic program or child care program or athletic program or from a youth sports provider partnering with the City such as, but not limited to, NE Tackle Football Rebels or the Northeast Little League.

How Do I Apply?

Applications are available from the City of Oakland Park, Parks and Leisure Services Department, 3650 NE 12 Avenue, Oakland Park, Florida 33334 and online at www.oaklandparkfl.org.

The application must be completed and notarized. The following must be attached to the application in order to process:

- Proof of residency – Photo identification and copy of a utility bill not more than 2 months old, vehicle registration, voter's registration, medical/health card with address listed, etc.
- Program participant's birth certificate
- Letter explaining circumstances
- Current valid documentation supporting receipt of public assistance (if applicable)
- W-2 or 1099 form from previous calendar year

The notarized application will be used solely for the purpose of determining eligibility for discounted program fees. You will receive written confirmation upon determination of eligibility. If approved, a \$50.00 maximum credit per person will be issued for the specified athletic program and 50% reduction will be applied to the child care program, as per Ordinance O-2007-036 for a period of one year.

For additional information, please call 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: _____

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 (child support/SS/alimony) \$ _____

Court ordered child support payments? \$ _____

Monthly medical expenses: \$ _____

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
- W-2 or 1099 from previous year

Please check the following:

- | | | |
|--|------------------------------|-----------------------------|
| Is anyone in the household pregnant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is anyone in the household a veteran? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is anyone in the household working? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you receive public assistance from the State? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are all household members US Citizens? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is anyone disabled? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is anyone enrolled in Medicare? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you pay for heat/cool separate from rent? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

_____ The applicant herein **is** approved for a financial scholarship.

_____ The applicant herein **is not** approved for a financial scholarship.

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. My commission expires: _____

Produced Identification: _____ Type: _____