



## Spring Hill Recreation Scholarship Application

**Form must be filled out and turned in prior to the registration deadline for each program.**

Applicant Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parents Name (if applicant is a child) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Program Name and Date \_\_\_\_\_

*(Must live in the Spring Hill school district to be eligible. Contracted programs are not included in this program. One scholarship per family member per season. )*

How many people are in your household? \_\_\_\_\_

We give a 50% scholarship normally. Some scholarships may be larger depending on the needs of the family. We use the current published Poverty Level Income Guideline-150% to determine the needs of the family and the level of the scholarship. To help determine eligibility for scholarships we work in conjunction with the Spring Hill Multi Service Center.

**Please provide the following information for ALL MEMBERS of your household with an income.**

Name	Source of Income	Gross Monthly Income

Total Gross Monthly Income \$ \_\_\_\_\_

**Documentation of the income listed above must be provided upon request.**

### Certification

Under penalty of law I do hereby acknowledge that the information I have provided above is true and accurate and that this information is subject to verification by the agency and other entities providing funding for this project. I also acknowledge that the submission of false or inaccurate information could lead to my prosecution by Federal, State, and/or local officials and the repayment of assistance I receive through this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### FOR AGENCY USE ONLY

Total monthly income \$ \_\_\_\_\_ x 12 (months) = \$ \_\_\_\_\_ Total Annual Income

Certification conducted by: \_\_\_\_\_ Date: \_\_\_\_\_