



Spring Hill Recreation Scholarship Application

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

Program Name _____ Date _____

Applicant Name _____ Age _____ Grade _____

Parents Name (if applicant is a child) _____

Home Phone _____ Work Phone _____

Street Address _____ City _____

State _____ Zip _____ Email _____

How many people are in your household? _____

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 _____

FOR AGENCY USE ONLY

Certification conducted by: _____ Date: _____



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2009/2010 HHS Poverty Guidelines

Table with 9 columns: Household Size, 100% Yearly, 100% Monthly, 125% Yearly, 125% Monthly, 150% Yearly, 150% Monthly, 175% Yearly, 175% Monthly. Includes a row for % of scholarship (100%, 75%, 50%, 25%).

*For family units with more than 8 members, add \$3,740 for each additional person at 100% of poverty; \$4,375 at 125%; \$5,610 at 150% and \$6,545 at 175% of poverty.

Please use the space below to explain your reasons for needing additional scholarships monies then allotted by the Federal Guidelines shown above.

Multiple horizontal lines provided for writing an explanation.