RECREATION FINANCIAL ASSISTANCE COMMITTEE
2011 MEETINGS
MACKENZIE HALL
9:00 A.M. - 4TH MONDAY

January	24th
February	28th
March	28th
April	25th
May	23rd
June	27th
July	25th
August	22nd
September	26th
October	24th
November	28th
December	19th (3rd Monday)

CITY OF SANIBEL
RESOLUTION NO. 10-076

A RESOLUTION AMENDING RESOLUTION 09-085 WHICH RELATES TO THE CITY'S RECREATION FINANCIAL ASSISTANCE PROGRAM POLICIES AND PROCEDURES FOR THE RECREATION DEPARTMENT'S SUMMER CAMP PROGRAM AND AFTER-SCHOOL PROGRAM (WHICH INCLUDE HOLIDAY PROGRAMS AND FUN DAYS PROGRAMS) CONDUCTED DURING AND AFTER THE SCHOOL YEAR; AMENDING THE "SLIDING FEE" SCHEDULES FOR SUCH SUMMER CAMP PROGRAM AND AFTER-SCHOOL PROGRAM; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City Council originally established a financial assistance program for certain Recreation Department Programs through Resolution 04-080 on October 19, 2004 and such financial assistance program has been updated and improved from time to time, with the latest update being set forth in City of Sanibel Resolution No. 09-085; and

WHEREAS, the purpose of such financial assistance program is to provide financial assistance to individuals, children and families in need; and

WHEREAS, due to the current economic times, the City Council determines it appropriate to update and revise the "sliding fee" schedules for the Summer Camp Program and the After-School Program to reflect a higher and more appropriate percentage of assistance to eligible applicants;

NOW THEREFORE, BE IT RESOLVED, by the City Council, City of Sanibel, Florida, that City of Sanibel Resolution No. 09-085, is hereby amended as follows with underlined language indicating additions and ~~strike through~~ language indicating deletions:

SECTION 1. This Resolution sets forth the financial assistance policy and procedures for the Recreation Department's Summer Camp Program ~~sessions~~, and ~~Holiday Program~~, After-School Program, ~~and similar recreation programs~~ (which include Holiday Programs and Fun Days Programs) conducted during and after the school year.

SECTION 2. There shall be a review board, which shall henceforth be known as the Recreation Financial Assistance Committee, which shall consider and approve financial assistance applications based on the guidelines established herein. Such Recreation Financial Assistance Committee shall be composed of the following:

(a) City of Sanibel Recreation Director or their designee;
(b) Director of Community Housing & Resources (CHR) or their designee;
(c) A member of the Parks and Recreation Committee;

(d) The Director of Friends In Service Here (FISH) or their designee; and
(e) A citizen at-large appointed by City Council.

The function and duties of the Recreation Financial Assistance Committee shall be to review, consider and, where appropriate, grant financial assistance based upon the policies and guidelines established in this Resolution and/or developed by the Recreation Financial Assistance Committee pursuant to the authority of this Resolution.

SECTION 3. An individual or family seeking financial assistance for the recreation programs must complete a Recreation Financial Assistance Application Form, a copy of which is attached hereto and incorporated herein as Exhibit "A", which shall be developed and issued by the Recreation Financial Assistance Committee. Such application shall, at a minimum, require proof of eligibility for the free or reduced school lunch program, ~~or~~ and require a copy of the most recent tax return, excluding the social security number(s) of the individuals listed on the tax return for security purposes, and a recent pay stub.

SECTION 4.

~~(a) Approval of financial assistance application requests will be based on a "sliding fee" schedule, a copy of which is attached hereto and incorporated herein as Exhibit "A".~~ Approval of financial assistance for the Summer Camp Program will be based on the "sliding fee" schedule attached hereto and incorporated herein as Exhibit "B", and financial assistance for the After-School Program, will be based on the "sliding fee" schedule attached hereto and incorporated herein as Exhibit "C".

SECTION 5. This Resolution shall amend and supersede Resolution 09-085.

SECTION 6. Effective date.

This resolution shall take effect immediately upon passage.

DULY PASSED AND ENACTED by the Council of the City of Sanibel, Florida, this 20th day of July, 2010.

AUTHENTICATION:

Kevin Ruane, Mayor

Pamela Smith, City Clerk

APPROVED AS TO FORM: Kenneth B. Cuyler, City Attorney

7/12/10
Date

Vote of Council Members:

Ruane	yea
Denham	yea
Harrity	yea
Jennings	yea
Pappas	yea

Date filed with City Clerk: July 20, 2010

CITY OF SANIBEL
RECREATION FINANCIAL ASSISTANCE APPLICATION

The City of Sanibel has financial assistance available for Recreation Programs. The amount of the financial assistance will be determined using a sliding fee scale and is based on annual income and other financial support being received. To assist in our review, please provide:

1. Proof of eligibility letter for the free or reduced lunch program (if applicable)
AND
2. A copy of your most recent tax return (remove social security number/s) AND most recent pay stub

FINANCIAL ASSISTANCE APPLICATIONS ARE ACCEPTED AT TIME OF PROGRAM REGISTRATION

APPLICATIONS MUST BE SUBMITTED WITH ALL REQUIRED DOCUMENTS ATTACHED.

Name of Parent/Guardian: _____ **Email Address:** _____

Street address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Number of Adults Living in Household: _____ **Number of Children Living in Household:** _____

Ages of Children Living in Household: _____

ADDITIONAL QUESTIONS TO BE COMPLETED FOR THIS APPLICATION:

Are you an annual or monthly client of F.I.S.H? ☐ Yes ☐ No. If yes, amount received $_____
Are you an annual or monthly client of CHR? ☐ Yes ☐ No
Have you or anyone on your behalf filed an action in court against the biological parent?
☐ Yes ☐ No If yes, what is the case number? # _____ State: _____ County: _____
Do you receive child support? ☐ Yes ☐ No. If yes how much? $_____
If you do not receive support, is there a court order for you to receive child support? ☐ Yes ☐ No.
If yes, what is the case #? _____ State: _____ County: _____ Monthly Amount $_____
Do you receive Social Security Benefits? ☐ Yes ☐ No. If yes, how much monthly? $_____
Do you receive Social Security Benefits for your children? ☐ Yes ☐ No.
If yes, how much monthly? $_____
Do you receive a pension? ☐ Yes ☐ No. If yes, how much monthly? $_____
Do you receive alimony? ☐ Yes ☐ No. If yes, how much monthly? $_____
Do you receive Foster Care payments? ☐ Yes ☐ No. If yes, how much monthly? $_____
Do you receive Workers Compensation? ☐ Yes ☐ No. If yes, how much weekly? $_____
Do you receive Unemployment Compensation? ☐ Yes ☐ No. If yes, how much weekly? $_____
Do you receive daily, weekly, monthly, quarterly or annually, a financial gift from anyone?
☐ Yes ☐ No. If yes, state the amount. $_____
Do you receive an in kind benefit, such as someone paying your rent, mortgage, groceries, utilities, automobile gasoline, room and board? ☐ Yes ☐ No. If yes, amount. $_____
Do you receive any other monies or has anyone on you or your children's behalf provided you with additional monies? If so, from whom? _____ **How much?** $_____
Did you receive a Federal Income Tax Refund? ☐ Yes ☐ No If yes, how much? $_____

Total Household Annual Income: $_____

Please Check Program(s) for Financial Assistance Requested:

☐ **After-School Program** **Number of Children _____** **Total: $ _____**

Holiday Program: **Number of Children _____**
- ☐ **Winter** **Total: $ _____**
- ☐ **Spring** **Total: $ _____**

☐ **Fun Days** **Number of Children _____** **Total $ _____**

Total Financial Assistance requested for programs **Total $ _____**

NOTE: **Reminder, only sign up for programs after registration begins.**

☐ **Summer Program** **Number of Children _____**
Number of weeks for each child. _____ **Total $ _____**

Total Financial Assistance requested for Summer Program: Total$ _____

Total of Financial Assistance requested for all Programs: ***Total $ _____***

Other than what is listed in the above application, list any special circumstances to be considered. (If more space is needed, please attach additional information).

_____

_____

NOTE: I swear and affirm under penalties of perjury that the foregoing representations are true and correct to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me this _____day of _____, 20___, by

_____(name of person acknowledging).

_____
Signature of Notary Public

(NOTARY SEAL)

_____
Typed/Printed Name of Notary Typed

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

(You can get this application notarized at the Recreation Center, City Hall, Bank of the Islands and Sanibel/Captiva Community Bank at no charge)

This application will be reviewed by the Recreation Financial Assistance Committee in a public meeting which is held at McKenzie Hall. The Committee will review this application and determine if assistance can be granted. The Recreation Department will contact you and let you know of the Committee's decision.

STAFF USE ONLY

Date application received by staff: _____ **Staff Signature:** _____

Is application complete and reviewed by staff: ☐ **Yes** ☐ **No** **Staff initial:** _____

All Social Security numbers/names/phone numbers/addresses are blacked out: ☐ **Yes** ☐ **No**

Assistance amount has been determined and written on application: ☐ **Yes** ☐ **No**

Applicant is aware that they may participate in activity they applied for: ☐ **Yes** ☐ **No**

Applicant is aware that a sliding scale based on income is used to determine assistance: ☐ **Yes** ☐ **No**

Applicant has been told that the fee for programs are due at the time the program has began, or the committee has made a decision on the Financial Assistance: **Staff Initials:** _____

Date applicant was contacted about committee decision: _____ **Staff Initials:** _____

Is F.I.S.H. providing assistance: ☐ **Yes** ☐ **No** **(If yes) Amount: $**_____

Does the applicant have an outstanding balance? ☐ **Yes** ☐ **No** **(If yes) Amount: $**_____

Staff must record status here, any outstanding balance and time and date of calls made to patrons:

_____

_____

Staff must keep track of approved applicant attendance in programs. **Staff Initials:** _____
(NOTE: Responsibility of Program Director and Front Desk designated Staff).

Date data entered into RecTrac: _____ **Staff Initials:** _____

STAFF/PANEL NOTES:

_____

_____

For Panel Review Committee and Staff Use Only:

☐ **Application Approved** ☐ **Application Denied**

Signature of Approving Authority: _____ **Date:** _____

Assistance amount for After School type programs: $_____
Assistance amount of Summer Program:$ _____ **Total Assistance Granted: $** _____

Summer Camp Program Sliding Fee Scale

# of Children in Household	Annual Household Income Range								
1	0 - $28,500	$28,501 - $33,500	$33,501 - $38,500	$38,501 - $43,500	$43,501 - $48,500	$48,501 - $53,500	$53,501 - $58,500	$58,501 - $63,500	$63,501 - $68,500
Financial Assistance %	60%	50%	45%	40%	35%	30%	25%	20%	10%
Remaining Balance (Member)	$ 306.00	$ 382.50	$ 420.75	$ 459.00	$ 497.25	$ 535.50	$ 573.75	$ 612.00	$ 688.50
Remaining Balance (Non-Member)	$ 378.00	$ 472.50	$ 519.75	$ 567.00	$ 614.25	$ 661.50	$ 708.75	$ 756.00	$ 850.50
2	0 - $28,500	$28,501 - $33,500	$33,501 - $38,500	$38,501 - $43,500	$43,501 - $48,500	$48,501 - $53,500	$53,501 - $58,500	$58,501 - $63,500	$63,501 - $68,500
Financial Assistance %	70%	60%	55%	50%	45%	40%	35%	30%	20%
Remaining Balance (Member)	$ 229.50	$ 306.00	$ 344.25	$ 382.50	$ 420.75	$ 459.00	$ 497.25	$ 535.50	$ 612.00
Remaining Balance (Non-Member)	$ 283.50	$ 378.00	$ 425.25	$ 472.50	$ 519.75	$ 567.00	$ 614.25	$ 661.50	$ 756.00
3 or more	0 - $28,500	$28,501 - $33,500	$33,501 - $38,500	$38,501 - $43,500	$43,501 - $48,500	$48,501 - $53,500	$53,501 - $58,500	$58,501 - $63,500	$63,501 - $68,500
Financial Assistance %	80%	70%	65%	60%	55%	50%	45%	40%	30%
Remaining Balance (Member)	$ 153.00	$ 229.50	$ 267.75	$ 306.00	$ 344.25	$ 382.50	$ 420.75	$ 459.00	$ 535.50
Remaining Balance (Non-Member)	$ 189.00	$ 283.50	$ 330.75	$ 378.00	$ 425.25	$ 472.50	$ 519.75	$ 567.00	$ 661.50

Summer Camp Program Fees	Per Week	# Weeks	Total
Member	$ 85.00	9	$ 765.00
Non-Member	$ 105.00	9	$ 945.00

EXHIBIT "B"

Afterschool Program Sliding Fee Scale

# of Children in Household	Annual Household Income Range								
1	0 - $28,500	$28,501 - $33,500	$33,501 - $38,500	$38,501 - $43,500	$43,501 - $48,500	$48,501 - $53,500	$53,501 - $58,500	$58,501 - $63,500	$63,501 - $68,500
Financial Assistance %	60%	50%	45%	40%	35%	30%	25%	20%	10%
Remaining Balance (Member)	$ 212.00	$ 265.00	$ 291.50	$ 318.00	$ 344.50	$ 371.00	$ 397.50	$ 424.00	$ 477.00
Remaining Balance (Non-Member)	$ 253.20	$ 316.50	$ 348.15	$ 379.80	$ 411.45	$ 443.10	$ 474.75	$ 506.40	$ 569.70

2	0 - $28,500	$28,501 - $33,500	$33,501 - $38,500	$38,501 - $43,500	$43,501 - $48,500	$48,501 - $53,500	$53,501 - $58,500	$58,501 - $63,500	$63,501 - $68,500
Financial Assistance %	70%	60%	55%	50%	45%	40%	35%	30%	20%
Remaining Balance (Member)	$ 159.00	$ 212.00	$ 238.50	$ 265.00	$ 291.50	$ 318.00	$ 344.50	$ 371.00	$ 424.00
Remaining Balance (Non-Member)	$ 189.90	$ 253.20	$ 284.85	$ 316.50	$ 348.15	$ 379.80	$ 411.45	$ 443.10	$ 506.40

3 or more	0 - $28,500	$28,501 - $33,500	$33,501 - $38,500	$38,501 - $43,500	$43,501 - $48,500	$48,501 - $53,500	$53,501 - $58,500	$58,501 - $63,500	$63,501 - $68,500
Financial Assistance %	80%	70%	65%	60%	55%	50%	45%	40%	30%
Remaining Balance (Member)	$ 106.00	$ 159.00	$ 185.50	$ 212.00	$ 238.50	$ 265.00	$ 291.50	$ 318.00	$ 371.00
Remaining Balance (Non-Member)	$ 126.60	$ 189.90	$ 221.55	$ 253.20	$ 284.85	$ 316.50	$ 348.15	$ 379.80	$ 443.10

Afterschool Program Fees	Per Semester	# Semesters	Total
Member	$ 176.00	3	$ 530.00
Non-Member	$ 211.00	3	$ 633.00

EXHIBIT "C"

CITY OF SANIBEL
RESOLUTION NO. 09-006

A RESOLUTION AMENDING RESOLUTION 04-080 WHICH ESTABLISHED A FINANCIAL AID SCHOLARSHIP POLICY AND PROCEDURES FOR THE RECREATION DEPARTMENT'S SUMMER PROGRAM SESSIONS, HOLIDAY PROGRAM AND AFTER-SCHOOL PROGRAM DURING THE SCHOOL YEAR; PROVIDING FOR A REVISED FINANCIAL AID SCHOLARSHIP POLICY AND PROCEDURES FOR THE RECREATION DEPARTMENT'S SUMMER PROGRAM DURING THE SCHOOL YEAR TO INCLUDE A REVISED "SLIDING SCALE" FEE SCHEDULE FOR SAID PROGRAM; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City Council previously established a financial aid scholarship policy and procedures for the Recreation Department's Summer Program sessions, Holiday Program and After-School Program during the school year by Resolution 04-080 on October 19, 2004; and

WHEREAS, the City of Sanibel continues to offer recreation programs for children and has established fees to support the recreation programs; and

WHEREAS, the City of Sanibel realizes that the ability to pay the recreation fees may be difficult for some families based upon household income and family size; and

WHEREAS, the City of Sanibel desires to provide recreation program scholarships to families meeting specified financial assistance guidelines.

NOW THEREFORE, BE IT RESOLVED, by the City Council, City of Sanibel, Florida, that:

SECTION 1. The City of Sanibel Recreation Scholarship Program previously established by Resolution 04-080 on October 19, 2004, is hereby amended to provide the policies, procedures and requirements as set forth in this Resolution.

SECTION 2. The City Manager hereby establishes a Scholarship Program Review Board composed of the Director of Recreation or their designee, the Director of CHR or their designee, and a member of the Parks and Recreation Committee to consider scholarship applications based on guidelines established herein.

SECTION 3. Families seeking financial assistance for the recreation programs must complete the Recreation Scholarship Application Form, a copy of which is attached hereto and incorporated herein as Exhibit "A", provide proof of eligibility for the free or reduced school lunch program, or provide a copy of the most recent tax return, excluding the social security number(s) of the individuals listed on the tax return for security purposes, and a recent pay stub.

SECTION 4. Approval of scholarship application requests will be based on a "sliding fee" schedule, a copy of which is attached hereto and incorporated herein as Exhibit "B".

SECTION 5. Effective date.

This resolution shall take effect immediately upon passage.

DULY PASSED AND ENACTED by the Council of the City of Sanibel, Florida, this 20th day of January, 2009.

AUTHENTICATION:

Mick Denham, Mayor

Pamela Smith, City Clerk

APPROVED AS TO FORM: Kenneth B. Cuyler, City Attorney Date 1/14/09

Vote of Council Members:

Denham	yea
Ruane	yea
Harrity	yea
Jennings	yea
Pappas	yea

Date filed with City Clerk: January 20, 2009

EXHIBIT "A"

CITY OF SANIBEL
RECREATION PROGRAM SCHOLARSHIP APPLICATION

The City of Sanibel has scholarships available for all Summer Program Sessions and After-School Programs during the school year. The scholarship waives all fees charged in the specific Recreation Program for which the application is made. Eligibility for a scholarship requires a showing of financial need, including family income based on the size of the family, or need based on some personal family situation. Scholarship applications will be forwarded to a panel review board for action.

Name of Parent of Guardian: _____

Name of Child(ren) for Which Application is Made: _____

Scholarship Requested For:

- ☐ **After-School Program**
- ☐ **Holiday Program**
  - ☐ **Winter** ☐ **#1** ☐ **#2**
  - ☐ **Spring** ☐ **#1**
- ☐ **Summer Program Sessions**
  - ☐ **Sailing Program** ☐ **Tennis Program**
  - ☐ **Golf Program** ☐ **Swim Team**
  - ☐ **Other [Specify]** _____

Session(s) Requested: ☐ **#1;** ☐ **#2;** ☐ **#3;** ☐ **#4**

Scholarship Amount Requested: ☐ **Full** ☐ **Partial (Amount $ _____)**

Outline the Specific Reasons for the Scholarship Application:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

[If more space is needed, use the reverse side]

Signature of Parent/Guardian: _____ **Date:** _____

For Panel Review Board Use Only:

☐ **Application Approved** ☐ **Application Denied**

Signature of Approving Authority: _____ **Date:** _____

After-School Program Sliding Fee Scale

# of Children in Household	Maximum Annual Household Income											
1	$13,500.00	$18,500.00	$23,500.00	$28,500.00	$33,500.00	$38,500.00	$43,500.00	$48,500.00	$53,500.00	$58,500.00	$63,500.00	$68,500.00
Scholarship %	60%	55%	50%	45%	40%	35%	30%	25%	20%	15%	10%	5%
Remaining Balance (Member)	$212	$239	$265	$292	$318	$345	$371	$398	$424	$451	$477	$504
Remaining Balance (Non-Member)	$253	$285	$317	$348	$380	$411	$443	$475	$506	$538	$570	$601
2	$13,500.00	$18,500.00	$23,500.00	$28,500.00	$33,500.00	$38,500.00	$43,500.00	$48,500.00	$53,500.00	$58,500.00	$63,500.00	$68,500.00
Scholarship %	70%	65%	60%	55%	50%	45%	40%	35%	30%	25%	20%	15%
Remaining Balance (Member)	$159	$186	$212	$239	$265	$292	$318	$345	$371	$398	$424	$451
Remaining Balance (Non-Member)	$190	$222	$253	$285	$317	$348	$380	$411	$443	$475	$506	$538
3	$13,500.00	$18,500.00	$23,500.00	$28,500.00	$33,500.00	$38,500.00	$43,500.00	$48,500.00	$53,500.00	$58,500.00	$63,500.00	$68,500.00
Scholarship %	80%	75%	70%	65%	60%	55%	50%	45%	40%	35%	30%	25%
Remaining Balance (Member)	$106	$133	$159	$186	$212	$239	$265	$292	$318	$345	$371	$398
Remaining Balance (Non-Member)	$127	$158	$190	$222	$253	$285	$317	$348	$380	$411	$443	$475
4 or more	$13,500.00	$18,500.00	$23,500.00	$28,500.00	$33,500.00	$38,500.00	$43,500.00	$48,500.00	$53,500.00	$58,500.00	$63,500.00	$68,500.00
Scholarship %	90%	85%	80%	75%	70%	65%	60%	55%	50%	45%	40%	35%
Remaining Balance (Member)	$53	$80	$106	$133	$159	$186	$212	$239	$265	$292	$318	$345
Remaining Balance (Non-Member)	$63	$95	$127	$158	$190	$222	$253	$285	$317	$348	$380	$411

After-School Program for Recreation Center Members = $530 / year per child
After-School Program for Recreation Center Non-Members = $633 / year per child
Same percentage used for all youth programs and scholarships

EXHIBIT "B"

CITY OF SANIBEL
RESOLUTION NO. 04-080

A RESOLUTION ESTABLISHING A FINANCIAL AID SCHOLARSHIP POLICY AND PROCEDURES FOR THE RECREATION DEPARTMENT'S SUMMER PROGRAM SESSIONS, HOLIDAY PROGRAM AND AFTER-SCHOOL PROGRAM DURING THE SCHOOL YEAR; AND PROVIDING AN EFFECTIVE DATE

WHEREAS, the City of Sanibel offers recreation programs for children and has established fees to support the recreation programs; and

WHEREAS, the City of Sanibel encourages the participation of all eligible children in the summer program sessions, holiday program and the after-school program; and

WHEREAS, the City of Sanibel realizes that the ability to pay the recreation fees may be difficult for some families based upon household income and family size; and

WHEREAS, the City of Sanibel desires to provide recreation program scholarships to families meeting specified financial assistance guidelines.

NOW THEREFORE, BE IT RESOLVED, by the City Council, City of Sanibel, Lee County, Florida, THAT:

SECTION 1. The City of Sanibel Recreation Scholarship Program is hereby established.

SECTION 2. Families seeking financial assistance for the recreation programs must complete the Recreation Program Scholarship Application Form (attached) and submit it to the Recreation Department.

SECTION 3. The City Manager will establish a Scholarship Program Review Board composed of the Director of Recreation or their designee, the Director of CHR or their designee, and a member of the Parks and Recreation Committee to consider scholarship applications based on guidelines established herein.

SECTION 4. Approval of the scholarship application requests will be based on financial need using BMRH maximum

income limits, free or reduced school lunch or some personal family situation warranting consideration. Current BMRH maximum limits for household income are as follows:

a.	2 Persons	$36,850
b.	3 Persons	$42,050
c.	4 Persons	$45,150
d.	5 or more	$50,350

SECTION 5. Effective date.

This resolution shall take effect immediately upon passage.

DULY PASSED AND ENACTED by the Council of the City of Sanibel, Lee County, Florida, this 19th day of October, 2004.

AUTHENTICATION:

MARTY HARRITY
Mayor

JUDITH A. ZIMOMRA
City Clerk

Approved as to form:

KENNETH B. CUYLER
City Attorney

Vote of Council Members:

Harrity	yea
Walsh	yea
Brown	yea
Jennings	yea
Workman	yea

Date filed with City Clerk: October 19, 2004

CITY OF SANIBEL
RECREATION PROGRAM SCHOLARSHIP APPLICATION

The City of Sanibel has scholarships available for all Summer Program Sessions and After-School Programs during the school year. The scholarship waives all fees charged in the specific Recreation Program for which the application is made. Eligibility for a scholarship requires a showing of financial need, including family income based on the size of the family, or need based on some personal family situation. Scholarship applications will be forwarded to a panel review board for action.

Name of Parent of Guardian: _____

Name of Child(ren) for Which Application is Made: _____

Scholarship Requested For:

- ☐ **After-School Program**
- ☐ **Holiday Program**
  - ☐ **Winter** ☐ **#1** ☐ **#2**
  - ☐ **Spring** ☐ **#1**
- ☐ **Summer Program Sessions**
  - ☐ **Sailing Program** ☐ **Tennis Program**
  - ☐ **Golf Program** ☐ **Swim Team**
  - ☐ **Other [Specify]** _____

Session(s) Requested: ☐ **#1;** ☐ **#2;** ☐ **#3;** ☐ **#4**

Scholarship Amount Requested: ☐ **Full** ☐ **Partial (Amount $ _____)**

Outline the Specific Reasons for the Scholarship Application:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

[If more space is needed, use the reverse side]

Signature of Parent/Guardian: _____ **Date:** _____

For Panel Review Board Use Only:

☐ **Application Approved** ☐ **Application Denied**

Signature of Approving Authority: _____ **Date:** _____