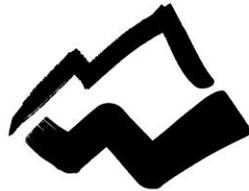


2016 - 17

Kid's W.O.R.L.D.

Youth Scholarship Program

Information & Application



Sierra Vista
A R I Z O N A

EXTRAORDINARY SKIES.
UNCOMMON GROUND.

**Kid's W.O.R.L.D Before & After School Recreation 2016-17
(AND/OR)**

Kid's W.O.R.L.D Summer Recreation 2017

*** PROGRAM INFORMATION ON REVERSE. PLEASE RETAIN THIS SHEET ***

2016-17 Kid's W.O.R.L.D. SCHOLARSHIP PROGRAM INFORMATION

What is the scholarship program?

The scholarship program is designed to help families with limited income or resources that require assistance for their child/ren to be able to participate, and demonstrate need (due to work/school schedules, etc.).

What is my cost?

A scholarship permits your child to attend the before and after school programs, holiday and half day programs at a reduced cost (approximately half of the publish rate). Scholarships apply to *weekly usage fees* and are per child:

***** AM Program Only=\$11 / PM Program Only=\$21 / AM&PM Programs=\$26 / Break Camps=\$45 *****
 Recipients are responsible for their co-pay, registration fees, late fees, and other program fees.

Who is eligible to apply?

Persons where gross total household income (all adults 18+) fall within the income limits below. Those receiving federal or state assistance (AFDC, SSI, SSD, WIC or DES) may also be eligible. Proof of assistance from the agencies listed above), income, and other documentation will be required at the time you drop off the application. Additional considerations can be listed in the spaced provided at Question # 10 on the app.

Total number of persons living at address	GROSS Monthly Household Income Limit
2	\$1,901.00
3	\$2,393.00
4	\$2,883.00
5	\$3,373.00
6	\$3,865.00
7	\$4,355.00
Add \$400 for each additional member	

If your household income exceeds the above limits, we regret we may NOT be able process your application.

In order to serve as many families as possible, scholarships are limited to a maximum of (2) children per family/household. **To accommodate the greatest number of families, scholarships may be limited to a maximum of 2 years (school and/or summer) benefit per eligible family/household.**

How do you determine who gets a scholarship?

Scholarships are awarded based on financial need and risk status of the child. All scholarships will require the co-payment to help offset the cost of staff and supplies.

How long is the scholarship good for?

Scholarships awarded are good for the duration of the 2016-17 programs (school-year 2016-17 & summer 2017). However, you should report any changes in the information provided on the application. (See next section below.)

What if there are changes in my situation/status after a scholarship has been awarded?

Any changes that effect information provided on the scholarship application (household income, address change, marital status, etc) should be reported to the Recreation Supervisor within 10 days. Inaccurate, incomplete or misleading information may cause the application to be disqualified from further consideration, or loss of your child(s) scholarship benefits.

What are the application deadlines?

Applications are accepted throughout the year and awarded for the following programs. Applications will be “date stamped” and processed on a first-come first-served basis. Application is not considered “accepted” until all requested/necessary information is provided. Submitting an incomplete application prior to the deadline will NOT “hold” a scholarship for that program.

Applications received/completed after the Application Deadline given below will not be eligible for the START of that program, but will become effective 2 WEEKS after approval.

PROGRAM PERIOD:

Kid's W.O.R.L.D. Before & After-school Recreation-FALL semester, 2016
 Kid's W.O.R.L.D. Summer Recreation Program, 2017

APPLICATION DEADLINE:

WED: Jul 27, 2016
 WED: May 17, 2017

2016-17 Kid's W.O.R.L.D. Scholarship Application Form

**This application must be completed in its entirety (Q#1-10) with current information to be processed.
Failure to complete BOTH side of the form and supply all requested information may result in delay or denial.**

1.) Give PROGRAM SITE/SCHOOL Attending:_____ . Indicate program(s) requested below:
____ 2016-17 Before and/or After School Program (co-pay AM=\$11, PM=\$21, AM&PM=\$26) per wk/child.
(AND/OR)
____ 2017 Summer Recreation Program - Site/School:_____ (co-pay \$45/wk)

2.) Do you meet the "Gross Family Income Limits" provided on the information page? YES____ NO____

3.) CHILD/REN INFORMATION:

1) Childs' Name: _____ Date of Birth: _____ M/F: _____

Last School Attended/City: _____ 2015-16 Grade Level: _____

Child's Street Address: _____ City: _____ Zip: _____

2) Childs' Name: _____ Date of Birth: _____

Last School Attended/City: _____ 2015-16 Grade Level: _____

Child's Street Address: _____ City: _____ Zip: _____

4.) PARENT STATUS (mark one): () Married () Separated () Divorced () Single

5.) MOTHER / GUARDIAN:

If none listed, provide supporting documentation/explanation: _____

Name: _____ Phone #: _____ Email: _____

Street Address (If different than Child's): _____ City: _____ Zip: _____

Mailing Address (If different than Street): _____ City: _____ Zip: _____

*Employer: _____ How long? _____ Work/Employer Phone #: _____

Typical Weekday Schedule: _____ a.m./p.m. TO _____ a.m./p.m. DAYS: M T W TH FR

*If not employed, please explain why assistance is needed: _____

6.) FATHER / GUARDIAN:

If none listed, MUST provide supporting documentation/explanation: _____

Name: _____ Phone #: _____ Email : _____

Street Address (If different than Child's): _____ City: _____ Zip: _____

Mailing Address (If different than Street): _____ City: _____ Zip: _____

*Employer: _____ How long? _____ Work/Employer Phone #: _____

Typical Weekday Schedule: _____ a.m./p.m. TO _____ a.m./p.m. DAYS (mark): M T W TH FR

*If not employed, please explain why assistance is needed: _____

Complete other side of form & include requested documentation before submitting application ...

-----**FOR OFFICE USE ONLY BELOW THIS LINE**-----

CHILD #1: N/A____ Yes, Effective Date _____ **CHILD #2:** N/A____ Yes, Effective Date _____

HOUSEHOLD & INCOME INFO:

7.) What is the TOTAL number of persons living at the address?: _____ (List all below)

Include name & income of ALL adults (18+ yrs) living at the residence, regardless of relationship to applicant.

8a.) Name/s of ALL Adults (18+)	Gross (pre-tax) Mo. Income	Source/s
_____	\$ _____ /	_____
_____	\$ _____ /	_____
_____	\$ _____ /	_____

8b.) Name/s of ALL Children (under age 18)	AGE	NAME	AGE
1. _____ / _____	_____	4. _____ / _____	_____
2. _____ / _____	_____	5. _____ / _____	_____
3. _____ / _____	_____	6. _____ / _____	_____

Monthly Child Support (if "Not applicable" explain) \$ _____

ANY Other Income \$ _____ Source: _____

MONTHLY TOTAL: \$ _____ (add all of the above)

9.) Have Kid's W.O.R.L.D. Scholarship(s) been Previously Received: ___ NO / YES, Year(s): _____

Scholarships are be limited to (2) per family/household for each program, and may limited to (2) years per child.

10.) **REQUIRED ATTACHMENTS:** (provide copies all items requested below. Write "n/a" if not applicable)

To process your request, provide a legible photocopy of the following (indicate "n/a" if NOT applicable):

- A. ___ Address Verification: ONLY Lease/Rental agreement OR mortgage papers/property deed accepted.
- B. ___ Recent pay stub/s (employment/assistance) for all adults for (1) month min. (OR) Prior Yr Tax Form
- C. ___ Custody decree/guardianship statement (if parents are divorced/separated/not both listed)
- D. ___ Child support decree/court order/documentation (if parents are divorced/separated/not both listed)
- E. ___ Proof of Federal, state, or other program assistance that verifies your eligibility (if applicable)
- F. ___ Parent school schedule and verification of tuition payment (if taking classes)

Please add any additional comments/information you feel should be considered in the review process. _____

I agree to report any changes that effect scholarship app. (household income, address change) within 10 days.

I understand inaccurate, incomplete or misleading information may cause my application to be disqualified from further consideration, or loss of my/our child(s) scholarship benefits. I acknowledge through signing below that all the information provided above is true and accurate to the best of my knowledge. I also understand that any change in the info provided is to be reported to the Rec. Supervisor within 10 days.

Mother/Guardian: _____ Father/Guardian: _____ Date: _____