



BELTON PARKS AND RECREATION

SCHOLARSHIP APPLICATION

1. Applicant must be a resident of Cass County, MO
2. Must be 18 years or older / disabled
3. Any passes received with the aid of financial assistance are valid only for the individual they are issued to and can not be transferred to anyone else
4. Must attach the following items;
 - Most recent Federal Income Tax Return
 - Last 2 paystubs for each job held in household, or letter from employer stating income
 - Letter from social worker indicating the amount of benefits you are receiving
 - Valid Photo ID

Withdrawal - Each recipient is required to notify the Department if they withdraw from a program or activity. Failure to notify the Department in a timely matter may result in the denial of future use of the program.

Eligibility - Each financial assistance recipient is given the choice of attending up to 3 activities per eligible year. Once activity is defined as either one recreational program or one multiple pass to the community Center.

Time Frame - All requests will be processed within three - four weeks additional supporting documentation is required

Notification - Notification of a decision will be made by the Supervisor or Office Manager.

1. If denied, the individual will be notified of the reason(s) for denial
2. If denied the applicant has the opportunity to file an appeal on the appropriate form with the Director of Parks & Recreation

The amount of co-payment by the financial assistance recipient is based upon their income and household size. Financial assistance is directly related to the school lunch program.

<u>School Lunch Guideline</u>	<u>Financial Assistance Amount</u>
Free Meals	75%
Reduced Price Meals	50%

The Belton Parks & Recreation Department recognizes the need for financial assistance for residents to attend certain recreational activities. The information requested in this application is confidential and is necessary to help determine the level of need for each participant. All information requested must be completed or the application will be returned / unaccepted

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Social Security # _____ - _____ - _____ Have you received assistance before? _____

Name of class/program needing financial assistance: _____

Total amount of assistance requesting: _____

Please list all family members/children, including yourself, living in your household:

Name	Date of Birth	Age	Sex	Relationship	Activity
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Questions: _____

I affirm to the best of my knowledge the above information is true and complete. I agree to provide income documentation as requested. I have read all of the above information and understand.

Applicant's Signature

Date

*Please contact our office at 348-7400 if you would like to schedule a confidential appointment with a Parks and Recreation representative to review your completed application and paperwork.