



SCHOLARSHIP APPLICATION

The Springfield-Greene County Park Board Scholarship program is available for those who meet income guidelines, intended to assist those who could not otherwise pay for program fees. Scholarship amounts are limited and may not be available at all during certain times of the year.

PLEASE NOTE THESE LIMITATIONS BEFORE YOU FILL OUT THE APPLICATION.

- Must be a resident of Greene County
- For ages 18 and under
- Not available for memberships at Cooper Tennis Complex, Doling Family Center, Chesterfield Family Center, and Dan Kinney Family Center but MAY be used for individual programs at those centers
- Summer swimming pool passes **are** eligible for scholarships.
- Not available for programs we co-sponsor with other organizations
- Not available for single admissions to any Park Board facility

All financial information required by this application and provided by the applicant will be held in strictest confidence. Please mail or drop forms off to the following address:

Springfield-Greene County Park Board
1923 N. Weller
Springfield, MO 65803
417-864-1049

<p>MISSION STATEMENT</p> <p>The Springfield-Greene County Park Board strives to provide the very best in parks and recreational facilities, programs, events and services to our community. In doing so, we will make a positive impact on the overall quality of life, health, environmental, social and economic aspects for our resident families and visitors alike.</p>	<p>A.D.A. STATEMENT</p> <p>In compliance with the Americans with Disabilities Act, the Springfield-Greene County Park Board strives to provide quality recreational programs for individuals of all abilities. Any person with a disability desiring to receive information on recreation opportunities should contact the Inclusive Recreation Coordinator at 417-837-5908.</p>
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The Springfield-Greene County Park Board’s goal is to allow anyone a chance to participate in fulfilling recreation programs, regardless of ability to pay.



Revised 08/04/17

www.ParkBoard.org

Scholarship Program Application Instructions

Applicants MUST attach a copy of last year's Federal Form 1040 or 1040A tax return or proof of Free and Reduced Lunch Meal Benefits letter.

Must provide one of the following proving Springfield-Greene County residence:

- Utility Bill proving Springfield-Greene County Resident
- Housing Lease or Proof of ownership proving Springfield-Greene County Resident

Per household limits

The annual dollar limit for the scholarship program is based on number of children that scholarships are requested for, as follows:

One child	\$170 per calendar year
Two children	\$340 per calendar year
Three or more children	\$510 per calendar year

NOTE: In the event the fees for your requested program or programs exceeds these limits, you may use the scholarship up to these limits and pay any remaining balance.

Additional Information

- Income limits are shown below. If you know your total household income exceeds these limits, please do not apply.
- The scholarship application process takes up to 7-10 working days. When a decision is rendered on your application, the Program Administrator will contact you by phone. Applications received just a few days prior to a program deadline cannot be processed in time to participate in that program.
- No applications are accepted if the funding is depleted

Based on Current Federal Guidelines for Reduced Price Meals as of 07/01/17

Number of family members in the household	Monthly Household Income Limit	Annual Limit Monthly Limit x 12
2	\$2,504	\$30,044
3	\$3,149	\$37,777
4	\$3,793	\$45,510
5	\$4,437	\$53,243
6	\$5,082	\$60,976
7	\$5,726	\$68,709
8	\$6,371	\$76,442

These figures are "gross" amounts, meaning total income before any withholding and including any government assistance, child support, or other monetary assistance as listed above.
IF YOU KNOW your household income is more than these limits, please do not apply!

Revised 08/04/17



Scholarship Application

Be sure to attach ALL verification of household income, as described in instructions!

Parent/Guardian	Date of Birth _____
Street Address	
City, State, Zip	
Home Telephone /Cell	
Email Address	
Marital Status	
Spouse's Name	
Scholarship Applicants	Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____
Program Requested and Fee	
Explain any special circumstances you want us to know about	

<i>I certify that the information contained in this application is true and correct to the best of my knowledge. I consent to the Springfield-Greene County Park Board staff to verify any and all of the information on this application. I understand that my household income includes any and all assistance received from any source. I further understand that the application process can take up to 7 -10 working days.</i>	
Parent/Guardian Signature: _____	Date: _____
(Office Only) Application is: APPROVED FOR: _____ DENIED DUE TO: _____	
Authorized Signature: _____	Dollar Amount of Scholarship: _____

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