



DENTON PARKS AND REC

Scholarship Policy

I. PURPOSE

The purpose of the policy is to provide guidelines for the application and distribution of scholarships for Denton Parks and Recreation (“PARD”) program and events.

II. POLICY

The scholarship policy establishes the eligibility requirements, distribution, award level, and guidelines that apply to all PARD programs for which a fee is charged. The Scholarship Program will serve children, youth, adults, and seniors. It is the desire of the Denton City Council that scholarships exist to execute the mission of the PARD by assisting low-income families and subsidizing costs associated with PARD programs and events, in accordance of guidelines set forth by the City Council.

III. ELIGIBILITY

- Applicants are required to be City of Denton residents and must provide proof of residency (current utility bill or driver’s license).
- Applications must be completed by a parent or guardian (must bring legal documents verifying guardianship) if the recipient is under the age of 18.
- Must provide a copy of the free or reduced lunch letter from the Denton Independent School District (DISD)
or
Must submit a copy of the current year completed IRS tax forms indicating low to extremely-low-income qualification for Federally assisted programs.
- Free camp must provide General Certificate of Income and Self-Certification Income Form.

U.S. Department of Housing and Urban Development (HUD)
Income Limits

Qualifying Income Limits for Federally Assisted Programs

FY 2018 Income Limits Summary
Dallas, TX HUD Metro FMR Area

Median Household Income: \$ 77,200 (Household of 4)

Household	Low (80%)	Very Low (50%)	Extremely Low (30%)
1	\$43,250	\$27,050	\$16,250
2	\$49,400	\$30,900	\$18,550
3	\$55,600	\$34,750	\$20,850
4	\$61,750	\$38,600	\$23,150
5	\$66,700	\$41,700	\$25,050
6	\$71,650	\$44,800	\$26,900
7	\$76,600	\$47,900	\$28,750
8	\$81,550	\$51,000	\$30,600

IV. APPLICATION

- Complete the Scholarship Application Form, one form per family listing all eligible family members.
- Provide required documentation for proof of eligible services.
- Scholarship eligibility doesn't guarantee admittance or available space for all programs and events as funding is determined by budget allocations each fiscal year.
- Recreation staff will review applications.
- Applications will be processed within 10 business days after all documentation is received and verified.
- Applicants will be notified by email of their status after the application has been processed.

V. DISTRIBUTION

Partial scholarships are awarded August 1-July 31 or in association with the distribution of the free or reduced lunch letter from DISD. Free camp scholarships are awarded in April. Applications must be submitted annually. Funding is determined by budget allocations each fiscal year.

Each partial scholarship covers 50% of the program or event registration fee. The scholarship does not cover late fees, additional supply fees or fees paid directly to contract instructors.

Recipients of scholarships have five (5) business day from notice of award to cancel or decline the scholarship. Failure to provide the above-stated notice will result in the recipient losing any remaining scholarship allocations and the participant will be ineligible for any additional scholarships for two (2) full years from the date of the non-compliance.

VI. PROGRAM GUIDELINES

Free camp scholarship abide by the following policies:

- Campers must attend at least eight hours of camp per day.
- If a camper attends a day of camp for less than eight hours, this will be considered an absence. In order to receive credit for attending camp, the child must attend at least eight hours between 7 a.m. and 6 p.m.
- Any camper missing five consecutive days or 10 total days will be dropped from camp. This includes absences due to behavior, illness, vacations, death in the family, school events, or any other personal or family reason.
- If the camper is no longer able to attend due to the absence policy, the participant's account will be ineligible to apply for any PARD scholarships or other free or subsidized camp program for a full two years from the date of occurrence.

All scholarships are non-transferable and they cannot be replaced with additional scholarship funds due to the non-use of the original scholarship.

VII. MAXIMUM ELIGIBILITY

Each eligible family member is limited to a maximum of \$150 in partial scholarships per year. Some scholarships for specific programs may differ depending on awarded grants. Scholarships can be used for any Parks and Rec program or event.

Free camp scholarships are limited to two children per family.

Scholarship funding is available on a first-come, first-serve basis.

VIII. TERMINATION

Scholarship recipients who provide false or incomplete eligibility information to the City will immediately forfeit their scholarship. Household accounts that have a past due balance for any PARD program will not be eligible for a scholarship until the balance has been paid in full.

UNITE. GROW.



City of Denton Parks and Recreation Partial Scholarship Application

STAFF USE ONLY

Completed Application _____
Date Notified _____
Date Entered in CivicRec: _____
Initials _____

There is a limited amount of scholarships available to help partially cover the cost of a program or event offered by Parks and Recreation. All information below must be filled out to be considered. Proof of residency and proof of eligibility is required with the application.

HOUSEHOLD INFORMATION

Last Name: _____ First Name: _____

Primary Phone: _____ Email: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Family members applying for a scholarship:

First Name	Last Name	Date of Birth

Number in Household Adults: _____ Children: _____ Length of Residency in the City of Denton: _____

Ethnicity: (please circle)

White	Black/African American	American Indian/Alaskan Native & White	Asian & White
Hispanic	American Indian/Alaskan Native	American Indian/Alaskan Native & Black	Black & White
Asian	Native Hawaiian/Pacific Islander	Other Multi-Racial	

Household Characteristics: (circle all that apply)

Handicapped/Disabled	Single/Female Head of Household	Married/Shared Household	Elderly (65 or over)
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By signing below, I certify that the information provided is correct. I have read the scholarship guidelines. I understand that my request may be denied. I understand that my scholarship will expire July 31 if not used. I understand that I must reapply for a scholarship each year. I certify that the above information is true and correct to the best of my knowledge. I understand that the information will be verified by previous year's tax statement if free or reduced lunch letter is not available.

I also understand that if I do not use the scholarship I have been awarded, that I will provide at least a five (5) business day notice to cancel the scholarship. Failure to do so will result in losing remaining scholarships allocation and the participant will not be eligible for any additional scholarships to PARD programs for two (2) full years.

Participant or Guardian Signature

Date

UNITE. GROW.



**City of Denton Parks and Recreation
Free Camp Application**

STAFF USE ONLY

Completed Application _____
Date Notified _____
Date Entered in CivicRec: _____
Initials _____

All information below must be filled out to be considered. Proof of residency and proof of eligibility is required with the application.

HOUSEHOLD INFORMATION

Last Name: _____ First Name: _____

Primary Phone: _____ Email: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Children applying for a scholarship (max of 2 per family):

First Name	Last Name	Date of Birth

Number in Household Adults: _____ Children: _____ Length of Residency in the City of Denton: _____

Ethnicity: (please circle)

White	Black/African American	American Indian/Alaskan Native & White	Asian & White
Hispanic	American Indian/Alaskan Native	American Indian/Alaskan Native & Black	Black & White
Asian	Native Hawaiian/Pacific Islander	Other Multi-Racial	

Household Characteristics: (circle all that apply)

Handicapped/Disabled	Single/Female Head of Household	Married/Shared Household	Elderly (65 or over)
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I certify that the above information is true and correct to the best of my knowledge. I understand that the information will be verified to the extent possible and that the penalty for intentionally providing false information will be the refusal of my child in the City of Denton Free Scholarship. If income falsification is found after camp starts, I will be responsible for retro payment of camp at \$120 per week for all weeks attended. I understand that I will need to provide documents proving my income to allow my child's participation in this program. In addition, I will follow the camp rules and regulations including the attendance policy as outlined in the parent manual.

Any camper missing five consecutive days or 10 total days will be dropped from camp. This policy is in effect even if the absences are due to illness, vacations, death in the family, school events, behavior or any other personal or family reason. If the camper is no longer able to attend due to the absence policy, the camper will be unable to apply for any PARD scholarships or other free or subsidized camp program for a full two years from the date of occurrence.

Participant or Guardian Signature

Date

General Certification of Income

Name: _____

Address/City/State/Zip: _____

I hereby certify that I receive INCOME from the following sources (check all that apply):

- Yes No Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Yes No Unemployment or disability payments
- Yes No Social Security payments
- Yes No Retirement, pensions, annuities, insurance policies
- Yes No Public assistance payments (TANF)
- Yes No Child support, alimony
- Yes No Gifts received from persons not living in my household
- Yes No Income from operation of a business
- Yes No Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.)
- Yes No Interest or dividends from assets
- Yes No Rental income from real or personal property
- Yes No Any other source not named above – List: _____

Do you receive SNAP? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____ Not included as income

Required Documents:

- _____ Proof of residency (current utility bill or driver's license)
- _____ Legal documents verifying guardianship (Birth Certificate or Legal Guardianship)
- _____ Free or reduced lunch letter from the school district.
- _____ Current year completed IRS tax forms indicating low to extremely-low-income qualification for Federally assisted programs
- _____ General Certificate of Income and Self-Certification Income Form

Statement of No Income or Assets:

- I currently have no income of any kind and there is no known pending or upcoming change expected to my financial or employment status during the next 12 months.
- I will be using the following sources of funds to pay for housing and other necessities (*ex. Spouse's Income*): _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of assistance.

Signature of Applicant

Date



City of Denton Community Development
SELF-CERTIFICATION INCOME FORM

This program is made possible through the support of the City of Denton Community Development Block Grant (CDBG) program. CDBG is a federally funded program through the U.S. Department of Housing and Urban Development (HUD), administered by City of Denton and designed to serve low- and moderate-income individuals. To meet the program national objectives, this data needs to be collected and reported to HUD through the City of Denton. This form is utilized as data and is required to ensure compliance with rules and regulations for the use of these funds.

Directions: Please CIRCLE your family size and yearly income level below. Provide your signature and date below

Qualifying Income Limits for Federally Assisted Programs				
Maximum Income Levels				
Family Size	Moderate Income 80% - 65% AMI	Low Income 65% - 50% AMI	Very-Low Income 50% - 30% AMI	Extremely-Low Income ≤ 30% AMI
1	43,250 - \$35,151	35,150 - \$27,051	27,050 - \$16,251	16,250 - or below
2	49,400 - \$40,151	40,150 - \$30,901	30,900 - \$18,551	18,550 - or below
3	55,600 - \$45,201	45,200 - \$34,751	34,750 - \$20,851	20,850 - or below
4	61,750 - \$50,201	50,200 - \$38,601	38,600 - \$23,151	23,150 - or below
5	66,700 - \$54,201	54,200 - \$41,701	41,700 - \$25,051	25,050 - or below
6	71,650 - \$58,251	58,250 - \$44,801	44,800 - \$26,901	26,900 - or below
7	76,600 - \$62,251	62,250 - \$47,901	47,900 - \$28,751	28,750 - or below
8	81,550 - \$66,251	66,250 - \$51,001	51,000 - \$30,601	30,600 - or below

Source: U. S. Department of Housing and Urban Development - Effective: 04/2018

CERTIFICATION: I certify that I am a resident of the city of Denton and that my family size and annual income level selected above is correct and accurate to the best of my knowledge. I am aware that I may be asked to provide additional documentation to confirm my selections.

 PRINT NAME

 DATE

 SIGNATURE

 DATE

Circle Your Family Size & Income Above

office use only:

REVIEWED BY STAFF:

Attach Verification

 NAME

 DATE



FORMA DE CERTIFICACIÓN DE INGRESO POR SI MISMO

Este programa es posible a través del apoyo del otorgamiento del programa de CDBG de la Ciudad de Denton. CDBG son fondos de un programa federal a través del Departamento de Viviendas y Desarrollo Urbano (HUD), administrado por la Ciudad de Denton y diseñado para servir a individuos de bajo a moderado ingreso. Estos datos se necesitan ser colectados y reportados a HUD a través de la Ciudad de Denton para cumplir con los objetivos nacionales del programa. Esta forma se utiliza como datos y se exige para asegurar la complacencia con las regulaciones para el uso de estos fondos.

Direcciones: Por favor marque su seleccion con un CÍRCULO para el tamaño de su familia y el nivel de ingreso anual y firme y ponga la fecha debajo.

Límites del Ingreso para Calificar para los Programas de Asistencia Federal				
Tamaño de la Familia	Ingreso Moderado			
	Moderate Income 80% - 65% AMI	Low Income 65% - 50% AMI	Very-Low Income 50% - 30% AMI	Extremely-Low Income ≤ 30% AMI
1	43,250 - \$35,151	35,150 - \$27,051	27,050 - \$16,251	16,250 - or below
2	49400 - \$40,151	40150 - \$30,901	30900 - \$18,551	18550 - or below
3	55600 - \$45,201	45200 - \$34,751	34750 - \$20,851	20850 - or below
4	61750 - \$50,201	50200 - \$38,601	38600 - \$23,151	23150 - or below
5	66700 - \$54,201	54200 - \$41,701	41700 - \$25,051	25050 - or below
6	71650 - \$58,251	58250 - \$44,801	44800 - \$26,901	26900 - or below
7	76600 - \$62,251	62250 - \$47,901	47900 - \$28,751	28750 - or below
8	81550 - \$66,251	66250 - \$51,001	51000 - \$30,601	30600 - or below

Fuente: Departamento de Viviendas y Desarrollo Urbano - Eficaz: 04/2018

CERTIFICACIÓN: Yo certifico que soy residente de la ciudad de Denton y que mi tamaño de familia y nivel de ingreso anual seleccionando arriba es correcto y exacto al mejor de mi conocimiento. Yo soy consciente que pueden pedirme que proporcione documentación adicional para confirmar mis selección.

IN PRIMA SU NOMBRE

FECHA

FIRMA

FECHA

***Sólo con su cooperación podemos proporcionar estos programas.
Marque arriba con un círculo el tamaño y ingreso de su familia.***

office use only:	
REVIEWED BY STAFF:	Attach Verification
NAME	DATE