



DENTON PARKS AND REC

Partial Scholarship Policy 2023-2024

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 DME utility bill, current Denton driver’s license, apartment/housing lease with a driver’s license, **or** verification of City of Denton Taxing District on CAD).
- Applicants are required to provide proof of Moderate – Extremely Low Income and must provide a copy of the free or reduced lunch letter from the Denton Independent School District (DISD), current year completed IRS tax forms, **or** complete self-certification form.

FY 2023 Income Limits Summary

Dallas, TX HUD Metro FMR Area

Household	Low (80%)	Very Low (50%)	Extremely Low (30%)
1	\$57,750	\$36,100	\$21,700
2	\$66,000	\$41,250	\$24,800
3	\$74,250	\$46,400	\$27,900
4	\$82,500	\$51,550	\$30,950
5	\$89,100	\$55,700	\$35,140
6	\$95,700	\$59,800	\$40,280
7	\$102,300	\$63,950	\$45,420
8	\$108,900	\$68,050	\$50,560

IV. APPLICATION

Complete the Scholarship Application Form, one form per family listing all eligible family members. Provide required documentation for proof of eligible services. Email the information to scholarships@cityofdenton.com or bring it to any recreation center. Applications must be completed by a parent or guardian if the recipient is under the age of 18.

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. 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.

For adults 50+ only, recipients may apply scholarship to cover the full cost of an annual gym membership or contribute to the overall cost of the annual group exercise membership (Senior Fitness).

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

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.

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 2023-2024**

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.

PARTIAL SCHOLARSHIP APPLYING FOR: _____ Recreation Programs _____ Senior Fitness 50+

HOUSEHOLD INFORMATION

Last Name: _____ First Name: _____

Birthdate: _____ Primary Phone: _____ Email: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Family members applying for a scholarship:

First Name	Last Name	Date of Birth
1.		
2.		
3.		
4.		

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

Race/Ethnicity: (please write the participant number listed above in the appropriate box)

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

Ethnicity: Hispanic _____ Non-Hispanic _____

Household Characteristics: (circle all that apply)

Handicapped/Disabled	Single/Female Head of Household	Married/Shared Household	Elderly (62 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 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



2022-23 SELF-CERTIFICATION OF INCOME

INSTRUCTIONS: This is a statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the household size (as applicable-based on the activity), and the household characteristics for the purpose of income determination. Adult beneficiary members must then sign this form to certify that the information is complete and accurate.

Last Name & First Initial: _____

Address: _____

Household Size¹: _____ Annual Household Gross Income²: \$ _____

¹Household is defined as all the people in the housing unit that includes related and unrelated.

²Income is defined as total anticipated annual gross income of all household members expected in the next 12 months including wages, tips, commission, business income, alimony, child support; and Social Security, AFDC, TANF or other benefits)

Signature and Date: _____



Signature above certifies that this information is accurate and agree to provide, upon request, documentation on all income sources to the Agency.

RACE

- | | |
|--|---|
| <input type="checkbox"/> 1. White | <input type="checkbox"/> 6. American Indian / Alaska Native & White |
| <input type="checkbox"/> 2. Black/African American | <input type="checkbox"/> 7. Asian & White |
| <input type="checkbox"/> 3. Asian | <input type="checkbox"/> 8. Black/African American & White |
| <input type="checkbox"/> 4. American Indian/Alaska Native | <input type="checkbox"/> 9. American Indian/Alaska Native & Black/African Am. |
| <input type="checkbox"/> 5. Native Hawaiian / Other Pacific Islander | <input type="checkbox"/> 10. Other Multi Racial |

ETHNICITY

- Hispanic
- Non-Hispanic

OTHER

- Female Head of Household
- Disabled

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

FOR OFFICE USE ONLY

Income Definition: _____ Annual Income - HUD 24 CFR Part 5

Household Size: _____ Hispanic (Y/N): _____

Income Level: (See Table below) _____ Disabled Household (Y/N): _____

Race Category: (See above) _____ Female Head of Household (Y/N): _____

Household Size	Middle Income (NMI) +80%	Moderate Income (MI) 80%-50% AMI	Low Income (LI) 50%-30% AMI	Extremely Low Income (ELI) 30% AMI
1	above \$54,500	\$54,500-\$34,101	\$34,100-\$20,451	\$20,450 or below
2	above \$62,350	\$62,350-\$39,001	\$39,000-\$23,401	\$23,400 or below
3	above \$70,150	\$70,150-\$43,851	\$43,850-\$26,301	\$26,300 or below
4	above \$77,900	\$77,900-\$48,701	\$48,700-\$29,201	\$29,200 or below
5	above \$84,150	\$84,150-\$52,601	\$52,600-\$31,551	\$31,550 or below
6	above \$90,400	\$90,400-\$56,501	\$56,500-\$33,901	\$33,900 or below
7	above \$96,600	\$96,600-\$60,401	\$60,400-\$36,251	\$36,250 or below
8	above \$102,850	\$102,850-\$64,301	\$64,300-\$38,551	\$38,550 or below

Signature and Date: _____



I certify that this information is complete and accurate. I also certify that source documentation (income backup) may need to be collected by the City of Denton.