



Play Learn Grow Youth Scholarship Application

Please submit the following documents with this application (photocopies only)!
Scholarships cannot be combined with any other discounts.

- Proof of all household income
- Copy of ID of all Household members over the age of 18

Applications will NOT be processed if ANY of the above documents are missing.

Please Print Clearly

Parent or Guardian Name(s)		Relationship To Child	
Parent or Guardian Address			
State	Zip	Cell Phone	Work Phone
Email Address		Community Center	Number of Dependents Claimed on your Tax Return.

Individuals Requesting Scholarship

Must be claimed as dependents on most recent tax return to be included.

Participant's Name		Participant's Name	
School/Grade	Age/DOB	School/Grade	Age/DOB
Participant's Name		Participant's Name	
School/Grade	Age/DOB	School/Grade	Age/DOB

I certify that my annual household income of \$_____ and number of dependents as _____. I certify that the information provided is true and complete to the best of my knowledge. I agree to notify Escambia County Neighborhood and Human Services Department if my financial status changes. I also certify that I have read and understand the guidelines that must be adhered to in order to retain my scholarship (if awarded). I understand that not abiding by these guidelines can result in a termination of my scholarship. All applications must be completed and have the necessary supporting documents attached (copies only). This application will not be processed otherwise. The Neighborhood and Human Services Department will notify you of our decision within 14-21 days. Again, thank you for your support and we look forward to serving your family.

Signature of Applicant

Date

OFFICE USE ONLY

Total Household Income: \$ _____
 Total Number of Dependents _____
 Amount Granted By Department: \$ _____
 Amount to be Paid by Participant: \$ _____

Date assistance approved: _____ Approved by: _____

Location: _____

Scholarship Recipient's Frequently Asked Questions and Guidelines

- 1. How are scholarship awards determined?** The scholarship is awarded based on GROSS household income, including all non-employment income such as child support, alimony, SSI and disability, retirement, etc.
- 2. What do I need to provide for eligibility of a scholarship?** You must complete the scholarship application form and provide ALL required documents (INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED).
- 3. How much of a scholarship can I receive?** We utilize a sliding fee scale which will determine the amount of scholarship that may be awarded. Due to limited allocations a predetermined amount of scholarship money will be awarded each year, **not all applicants will receive a scholarship.**
- 4. Where do I pick up a scholarship form?**
Scholarship forms may be picked up at Ebonwood Community Center, 3511 W. Scott St., during regular business hours.

If you have any questions concerning your application, the process, or the forms required please contact Andreal Smith, (850) 595-1622 or by email Alsmith@myescambia.com

SCHOLARSHIP REQUIRED DOCUMENTS

Please provide your 1040 tax document along with your scholarship application. The entire tax document is not required for submission, only the front page that indicates the number of dependents in the household and your taxable income. See highlighted areas below.

IMPORTANT: Please remove and/or black out all social security numbers prior to submission.

Form 1040	Department of the Treasury—Internal Revenue Service (99)	2019	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																																																												
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately (MFS) <input type="checkbox"/> Head of household (HOH) <input type="checkbox"/> Qualifying widow(er) (QW) Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶																																																																
Your first name and middle initial		Last name		Your social security number																																																												
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number																																																												
Home address (number and street). If you have a P.O. box, see instructions.			Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																																																												
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).																																																																
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Standard Deduction <input type="checkbox"/> Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien																																																																
Age/Blindness You: <input type="checkbox"/> Were born before January 2, 1955 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1955 <input type="checkbox"/> Is blind																																																																
Dependents (see instructions):																																																																
(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit Credit for other dependents																																																												
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