



Play Learn Grow Youth Scholarship Application

Please submit the following documents with this application (photocopies only)!

- 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	

Individuals Requesting Scholarship

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

How are scholarship awards determined? The scholarship is awarded based on GROSS household income.

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 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: _____

