



# SCHOLARSHIP APPLICATION FORM SCHOOL YEAR 2016-2017 (PART 1 OF 3)

1. Participants must first apply with WorkForce (WF), located at 520 N. Staples St., Corpus Christi, Texas 78401; phone: 361-882-7491. If denied or placed on the waiting list, then you may apply for the City's Scholarship. A copy of the denial or waiting list letter from WF will be required.
  - ▶ To be eligible for a scholarship, all adults in the household must be working, attending school, or training 25 hours or more per week.
  - ▶ *Applicant must pay full tuition at time of registration.*
  - ▶ Incomplete application forms will not be accepted.
  - ▶ *Participants cannot receive financial assistance for child care from more than one agency.*
  - ▶ *Please note that this application is only good for school year 2016-2017.*
- ▶ Do you, and/or your spouse, or other adults in household, work or attend school/training?
  - Yes     No    If "Yes," please complete the attached form. **If "No," stop now!** ◀◀◀◀

2. **In order to process your application, YOU and ALL ADULTS in household MUST SUBMIT all the necessary documents:**

ALL applicants MUST submit:

- A. Copy of denial or waiting list letter from the WorkForce.
- B. Copies of the last 4 pay stubs or a typed letter from your employer stating the amount you are paid and how often (weekly, bi-weekly, monthly, etc.).
- C. If receiving child support, submit a copy of your Child Support Agreement. If you state that no child support has been received, you must submit letter from Attorney General's Office to verify your statement. (Attorney General's address: 2820 South Padre Island Drive, Suite 298, Corpus Christi, TX 78415; Phone: 361-851-5024)
- D. Copy of official class schedule if attending school, if applicable.

3. **YOU MUST SUBMIT DOCUMENTS WITHIN FIVE WORKING DAYS.**

*Qualified applicants will be credited tuition difference. Applications submitted after the fifth day will take effect the following week.*

4. If applicant qualifies for the scholarship, the scholarship fee will be due each week.

If you have questions about this scholarship, contact Al Ramirez at **361-826-3497**.

▶▶▶▶ You will be contacted *if an interview is necessary* upon review of your submitted application.

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**FOR STAFF USE ONLY** Payment \$: \_\_\_\_\_ Per Child. Scholarship #: \_\_\_\_\_

# SCHOLARSHIP APPLICATION FORM

## SCHOOL YEAR 2016-2017 (PART 2 OF 3)

DATE: \_\_\_\_\_  
PROGRAM: \_\_\_\_\_  
SITE: \_\_\_\_\_

**FOR STAFF USE ONLY**

**SCHOLARSHIP CHECKLIST:**

- \_\_\_ WorkForce letter
- \_\_\_ 4 pay stubs or typed letter
- \_\_\_ College schedule, if applicable
- \_\_\_ Child support letter

1. Name of child(ren) for whom scholarship is being requested:  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name of Parent(s) or Guardian(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone (H): \_\_\_\_\_ (W): \_\_\_\_\_ SSN: \_\_\_\_\_

3. MUST LIST ALL NAMES and ages of EVERYONE living in the same household, including parents or guardians.

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STOP! Did you supply all the information for numbers 1-3? If not answered, YOU will delay the processing of your application.

4. Place of employment: \_\_\_\_\_ Telephone (W): \_\_\_\_\_  
Address of employment: \_\_\_\_\_ City/ZIP: \_\_\_\_\_  
What DAYS do you work? (If your schedule varies, write all possible scheduled days.) \_\_\_\_\_  
\_\_\_\_\_  
(If your hours vary, write all possible scheduled hours.) \_\_\_\_\_

Hourly wage: \$ \_\_\_\_\_ How many HOURS A WEEK do you work? \_\_\_\_\_  
How often do you get paid?  Weekly  Every 2 weeks  Monthly  
 Twice a month (on the \_\_\_\_\_ and \_\_\_\_\_ of the month)

**FOR STAFF USE ONLY**

Child Support: \$ \_\_\_\_\_  
Annual Income: \$ \_\_\_\_\_

5. SPOUSE'S/OTHER ADULT'S place of employment: \_\_\_\_\_ Telephone (W): \_\_\_\_\_  
Address of employment: \_\_\_\_\_ City/ZIP: \_\_\_\_\_  
What DAYS do you work? (If your schedule varies, write all possible scheduled days.) \_\_\_\_\_  
\_\_\_\_\_  
(If your hours vary, write all possible scheduled hours.) \_\_\_\_\_

Hourly wage: \$ \_\_\_\_\_  
How often do you get paid?  Weekly  Every 2 weeks  Monthly  
 Twice a month (on the \_\_\_\_\_ and \_\_\_\_\_ of the month)

**FOR STAFF USE ONLY**

Annual Income: \$ \_\_\_\_\_  
Total Household Income: \$ \_\_\_\_\_

Termination: \_\_\_\_\_  
Update: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
**FOR STAFF USE ONLY**

# SCHOLARSHIP APPLICATION FORM SCHOOL YEAR 2016-17 (PART 3 OF 3)

Parent: \_\_\_\_\_

Child: \_\_\_\_\_

Site: \_\_\_\_\_

**FOR STAFF USE ONLY**

6. PLEASE INDICATE THE AMOUNT YOU OR ANYONE IN YOUR HOUSEHOLD ARE RECEIVING FOR ANY OF THE FOLLOWING BENEFITS:

Alimony	\$
Child Support	\$
Unemployment	\$
Workers Compensation	\$
School Grant	\$
Social Security	\$
Other	\$

If you are a single parent and do not receive child support, you must provide proof. (See 2.C. on page 1.)

7. Do YOU attend school or training?  Yes  No      If so, provide copy of class schedule.  
 Name of School: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Address of School: \_\_\_\_\_ City/ZIP: \_\_\_\_\_  
 Days of participation: \_\_\_\_\_ Hours of participations: \_\_\_\_\_

8. Does YOUR SPOUSE/OTHER ADULT IN HOUSEHOLD attend school or training?  Yes  No  
 Name of School: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Address of School: \_\_\_\_\_ City/ZIP: \_\_\_\_\_  
 Days of participation: \_\_\_\_\_ Hours of participations: \_\_\_\_\_

9. I certify that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that the information I provided will be used to determine eligibility and that I may be required to document the accuracy of the information. The information is subject to external verification and may be released for such purposes. I am also aware that I am subject to immediate termination from the scholarship program if information is found to be incorrect.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PARKS & RECREATION DEPARTMENT STAFF USE ONLY:**

Approved#: \_\_\_\_\_ Denied #: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Name of Parent Notified: \_\_\_\_\_ Date: \_\_\_\_\_

Notified by (Site Supervisor): \_\_\_\_\_