



SCHOLARSHIP APPLICATION FORM

S.P.A.R.K. SUMMER 2024 (PART 1 OF 3)

- ▶ **To be eligible for a scholarship, all adults in the household must be working, attending school, training 25 hours or more per week, or be receiving financial assistance.**
- ▶ *Applicant must pay full tuition at time of registration. Approved scholarships will be given a credit towards future payments.*
- ▶ **Incomplete application forms will not be accepted.**
- ▶ *Please note that this application is only good for summer 2024 S.P.A.R.K. program.*
- ▶ Do you, and/or your spouse, or other adults in household, work, attend school/training, or receive financial assistance?

Yes

No

If "Yes," please complete the attached form.

If "No," stop now!



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

ALL applicants MUST SUBMIT:

- A. **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.).
- B. 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 a letter** from Attorney General's Office to verify your statement **or a copy** of your current account proving no deposit has been made. (Attorney General's address: 2820 South Padre Island Drive, Suite 298, Corpus Christi, TX 78415; Phone: 361-851-5024)
- C. Copy of official class schedule if attending school, if applicable.
- D. Copies of all financial assistance you receive from any entities.

2. **YOU MUST SUBMIT DOCUMENTS WITHIN ONE WORKING DAY.**

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

For scholarship questions, contact Brittany DeLeon at **BrittanyD@cctexas.com** or **361-826-3472**.

- ▶ ▶ ▶ Due to the high volume of applicants, please allow up to 5-7 business days for a response.
- ▶ ▶ ▶ You will be contacted *if an **interview** is necessary* upon review of your submitted application.

COMPLETED FORMS CAN BE DROPPED OFF AT ANY RECREATION CENTER OR EMAILED TO BRITTANY DELEON AT Brittanyd@cctexas.com FOR REVIEW.

Corpus Christi Parks & Recreation • Live. Learn. Play! Visit www.ccparkandrec.com

The City of Corpus Christi promotes participation regardless of race, color, national origin, sex, age, religion, disability or political belief. Reasonable accommodations are provided upon request and in accordance with the Americans with Disabilities Act. A Reasonable Accommodations form is provided to all parents of children registered in the Latchkey program. Please submit your request at least (5) five business days in advance or call (361) 826-3460. Upon request, this information can be available in large print or digital file.

REVISED 5-20-2024.



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

SCHOLARSHIP APPLICATION FORM

SUMMER 2024 (PART 2 OF 3)

DATE: _____
PROGRAM: _____
SITE: _____

FOR STAFF USE ONLY

SCHOLARSHIP CHECKLIST:

___ 4 pay stubs or typed letter

___ College schedule, if applicable

___ Child support letter

___ Other financial assistance documents

1. Name of child(ren) for whom scholarship is being requested:
Name: _____ Age: _____

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 SUMMER 2024 (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): _____