

**\*\*Scholarships available to Dunedin Residents ONLY\*\***

**GEORGE J. KOUTSOURAIS DUNEDIN FOR YOUTH  
SCHOLARSHIP PROGRAM**

We are happy to consider your application for the George J. Koutsourais Dunedin For Youth Scholarship Program. The program is based on the availability of funds and will only cover a maximum of 50% of program cost; the parent is required to assist in the remaining financial obligation. All information will be kept confidential and will be used only for eligibility determination and verification of data. **Please fill out completely and attach required documentation:**

- Copies of last two months of pay stubs (or unemployment or other financial assistance)
- Copy of most recent year's tax returns (if not required to file taxes, a separate letter explaining circumstances must be attached)
- Copy of free lunch documentation (if recipient)
- Copy of proof of residency (driver's license)
- Copy of registration receipt

Date of Application: \_\_\_\_\_

**If application and supporting documentation is submitted incomplete, the application will not be reviewed.**

Name of activity that participant is enrolled in for which assistance is being requested:

\_\_\_\_\_

How much per week can you pay for the program for your child? \_\_\_\_\_

<i>Name of Child</i>	<i>Age</i>	<i>Birth Date</i>	<i>School</i>

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Place(s) of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Place(s) of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

# in Household \_\_\_\_\_ # Children in Household \_\_\_\_\_ Total Family Income (Annual) \$ \_\_\_\_\_

Does your child qualify for free lunch? \_\_\_\_\_ Reduced lunch? \_\_\_\_\_ from the Pinellas County School System? If yes, please attach letter of award.

Do you receive assistance from any other agency? \_\_\_\_\_

Please provide any additional information relating to your request for financial assistance:

I certify that all of the above information is true and correct. I also understand that the City reserves the right to confirm and verify the above information.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*Approval process may take up to ten business days. Scholarship recipients will be notified via mail.**

----- OFFICE USE ONLY -----

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Recommendation of Recreation Division:

Approval \_\_\_\_\_ Disapproval \_\_\_\_\_ Amount \_\_\_\_\_

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

Approval Signature \_\_\_\_\_

Approved \_\_\_\_\_ Amount \_\_\_\_\_ Denied \_\_\_\_\_

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