

Scholarships Available to Dunedin Students ONLY

GEORGE J. KOUTSOURAIS DUNEDIN FOR YOUTH SCHOLARSHIP PROGRAM BEFORE/AFTER SCHOOL PROGRAM

We are happy to consider your scholarship application. **Applications must be filled out completely with all supporting documentation attached.** Information will be kept confidential and will be used only for eligibility determination. Scholarships will be awarded based on available funds.

	<u>Most recent two months of pay stubs or current school enrollment documentation</u>
	<u>Most recent year's tax returns</u> listing the child as a dependent, social security number should be blocked out (if not required to file taxes, IRS Tax Return Transcript showing non-filer status must be attached)
	<u>Child support documentation</u>
	<u>Proof of residency</u> (i.e. Driver's License)
	<u>Government assistance</u> received (i.e. SSI, SNAP, EBT, Medicaid)

Scholarship Guidelines: Please Initial Each Item

- ___ If choosing to register after scholarship determination is made, I understand the Parks & Recreation Department cannot reserve a spot for my child in any program. It is highly recommended to register as soon scholarship is awarded to ensure spot in desired program.
- ___ I understand that my child may not miss more than three days per month. A physician's note or legal documentation is required for any absences that exceed three days per month.

Name of Child	Age	Birth Date	Current Grade

Program Selection: Please list the school your child attends and place an "X" in the boxes below for the corresponding program in which you want to enroll (use child's initials for families with multiple children).

School Site				
Pre-K Before				
Pre-K After				
Pre-Before/After				
K-5 Before				
K-5 After				
K-5 Before/After				
Turkey Trot Camp				
Jack Frost Camp Wk. 1				
Jack Frost Camp Wk. 2				
Spring Fling Camp				

Parent/Guardian _____ Relationship _____

Address _____ Home Phone # _____

Email Address _____ Parent Birth Date _____

Place(s) of Employment _____ Work Phone # _____

Parent/Guardian _____ Relationship _____

Address _____ Home Phone # _____

Email Address _____ Parent Birth Date _____

Place(s) of Employment _____ Work Phone # _____

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

I certify that all of the above information is true and correct to the best of my knowledge. I understand that the City of Dunedin reserves the right to verify application information. If information is knowingly omitted/incorrect, scholarship will be revoked. I agree to inform the City of Dunedin of any change in income or family size.

Signature of Parent/Guardian _____ Date of Application _____

Submit Application to:
Dunedin Community Center
1920 Pinehurst Road
Dunedin, FL 34698
(727) 812-4530

Families will be notified via email and/or US Mail after their scholarship application has been reviewed. **The approval process may take up to ten business days.**

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

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

Date Received by Staff _____

Reviewed by _____ Date _____

Recommendation of Recreation Division:

Approval _____ Disapproval _____ Amount _____

Comments: _____

Approval Signature _____