

**Bay Oaks Recreation Center –Scholarship Application 2023-2024
Youth Programs – Club Rec After School and Summer Camp**

HOW MANY PEOPLE ARE LIVING IN YOUR HOUSEHOLD?

Include all people - - Parents, Grandparents, Siblings, relatives, significant others, etc.

2 3 4 5 6 7 8 9 10

Name: _____	Over 18:	Y	N
Name: _____	Over 18:	Y	N
Name: _____	Over 18:	Y	N
Name: _____	Over 18:	Y	N
Name: _____	Over 18:	Y	N
Name: _____	Over 18:	Y	N
Name: _____	Over 18:	Y	N
Name: _____	Over 18:	Y	N

HOUSEHOLD INCOME: Please complete the following about your Household income.

(Include income from all people residing in the house, over the age of 18: Parents, Grandparents, relatives, significant others, etc).

Source of Income	Yearly Gross Of All people living in Home
Employment (gross wages, salaries – before taxes)	\$
Net income from operation of business	\$
Interest, Dividends, or income from real or personal property	\$
Social Security, Annuities, Insurance Policies, Retirement, Pensions,	\$
Disability, Unemployment, Worker’s compensation, Severance pay	\$
TANF/Welfare	\$
Alimony	\$
Social Security	\$
Child Support	\$
Armed forces regular pay, special pay, allowances	\$
Food Stamps	\$
Other (describe)	\$

- 1) **Federal Income Tax Return.** From each resident of the household over 18. This is acceptable ONLY if the income sources(s) is (are) the same and the household income is expected to remain consistent with the income reported on the return **AND** if the household size has not decreased.
- 2) **Copies of pay stubs.** From each resident of the household over 18. Provide most recent pay stub. For self-employed persons, complete a self-certification form estimating the GROSS income for the year.
- 3) **Documentation that the household qualifies for another program intended for low to moderate income beneficiaries.** TANF, Food Stamps or other federal, state or local program. Documentation can be an award letter from the awarding agency, a monthly benefit statement, etc. (If other people reside in the Household that are not listed on these documents, those people will need to provide proof of income.)

I certify that all information provided on this application is correct and complete to the best of my knowledge. I understand that the information will be reviewed and may be verified. If any information is found to be incomplete or inaccurate, I understand that participation in this program may be denied or terminated.

I authorize the Town of Fort Myers Beach to obtain verification of any information listed on this application, including information pertaining to my household income.

Guardian's Name (printed)

My Child's Name – first & last

Signature

Date

Program Provider: Bay Oaks Rec Center – Youth Programs
Program Year: October 2023 – September 2024