



City of Henderson Public Works, Parks and Recreation Department  
RECREATION SECTION

**Application for City of Henderson Scholarship**

Available to residents in the City of Henderson

Any family wishing to be considered for the City of Henderson Scholarship must submit all of the items listed below:

- \_\_\_\_\_ Henderson Scholarship completed application
- \_\_\_\_\_ Copy of photo identification
- \_\_\_\_\_ Copy of divorce papers, if applicable
- \_\_\_\_\_ Copy of paycheck stubs for one month for everyone living in the household
- \_\_\_\_\_ Other

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child/ren's Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**City of Henderson Public Works, Parks and Recreation Department  
RECREATION SECTION**

**Application for City of Henderson Scholarship**

Available to residents in the City of Henderson

Parent or Guardian: To apply for a City of Henderson, Parks and Recreation Department scholarship, you must carefully complete, sign and return this application with all the materials requested to the recreation coordinator in charge of the program.

Please check the appropriate box:

CLASS       SPORTS       PASS       TR & IS

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Message Telephone: \_\_\_\_\_

**I. PLEASE LIST EVERYONE IN THE HOUSEHOLD** (Include yourself as #1.)

NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	MARITAL STATUS	GENDER (check one)
1				<input type="checkbox"/> male <input type="checkbox"/> female
2				<input type="checkbox"/> male <input type="checkbox"/> female
3				<input type="checkbox"/> male <input type="checkbox"/> female
4				<input type="checkbox"/> male <input type="checkbox"/> female
5				<input type="checkbox"/> male <input type="checkbox"/> female
6				<input type="checkbox"/> male <input type="checkbox"/> female
7				<input type="checkbox"/> male <input type="checkbox"/> female

**II. EMPLOYMENT: LIST EVERYONE IN THE HOUSEHOLD WHO IS WORKING** (Include yourself as #1.)

NAME	EMPLOYER ADDRESS & TELEPHONE NUMBER	DATES PAY RECEIVED	HOW OFTEN WKLY/BI-WKLY	GROSS PAY	TIPS
1					
2					

**III. DO YOU OR ANYONE IN THE HOUSEHOLD RECEIVE ADDITIONAL INCOME?** (Please check.)

INCOME TYPE	YES	NO	NAME	AMOUNT	WEEKLY/BI-WEEKLY/SEMI-MONTHLY
ADC	<input type="checkbox"/>	<input type="checkbox"/>			
ALIMONY	<input type="checkbox"/>	<input type="checkbox"/>			
CHILD SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>			
SOCIAL SECURITY	<input type="checkbox"/>	<input type="checkbox"/>			
UNEMPLOYMENT	<input type="checkbox"/>	<input type="checkbox"/>			
ANY OTHER INCOME	<input type="checkbox"/>	<input type="checkbox"/>			



**IV. TRAINING/EDUCATION: LIST ANY ADULT WHO IS IN TRAINING OR SCHOOL**

NAME	PLACE ATTENDING	BEGINNING DATE	COMPLETION DATE	DAYS & HOURS ATTENDING
1				
2				

**V. NO CHILD WILL BE DISCRIMINATED AGAINST BECAUSE OF RACE, SEX, COLOR, AGE, HANDICAP OR NATIONAL ORIGIN**

**PENALTY FOR MISREPRESENTATION:**

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Recreation Coordinator Signature

\_\_\_\_\_  
Date

\*\*\*OFFICE USE ONLY\*\*\*  
To convert to monthly gross income

IF PAID:                      WEEKLY                                      BI-WEEKLY                                      BI-MONTHLY  
    \$ \_\_\_\_\_ x 4.3 = \$                                      \$ \_\_\_\_\_ x 2.15 = \$                                      \$ \_\_\_\_\_ x 2 = \$

Total Monthly Gross	Number of People in Household	Percent Program Will Pay	Provider's Rate	Amount Paid by CCDBG

**Eligibility Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*RE-EVALUATION\*\*\*

IF PAID:                      WEEKLY                                      BI-WEEKLY                                      BI-MONTHLY  
    \$ \_\_\_\_\_ x 4.3 = \$                                      \$ \_\_\_\_\_ x 2.15 = \$                                      \$ \_\_\_\_\_ x 2 = \$

Total Monthly Gross	Number of People in Household	Percent Program Will Pay	Provider's Rate	Amount Paid by CCDBG

**Eligibility Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_