



129 West Pioneer Trail • Aurora, OH 44202 • Office: (330) 562-4333 • Fax: (330) 995-9154
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PROGRAM ASSISTANCE APPLICATION

The Division of Parks and Recreation and the City of Aurora recognizes that some of the Aurora residents require financial assistance to participate in certain recreational activities. The information requested below is confidential and is necessary to help determine the degree of need for each applicant. All information must be completed or the application will be returned unaccepted. A separate application is required for multiple scholarships (each participant and each activity).

GUIDELINES

- Scholarships are available only for Aurora Parks and Recreation sponsored programs and only to residents of Aurora.
- All program assistance requests will be reviewed by the Parks and Recreation Director and will be kept strictly confidential.
- Requests will be awarded for a percentage of the program fee dependent on the annual gross income of the household and the number of family members. No assistance will be granted for trips.
- Program assistance must be applied for at least 2 weeks prior to the beginning of the program or registration deadline, whichever comes first.
- A new form must be filed with the Parks and Recreation Director for each program. Proof of income forms need to be filed only once per calendar year.
- Foster children and legal dependents of the state are automatically approved for the maximum amount of assistance available.
- Program assistance is determined without regard to race, creed, color, religion, age, disability or national origin of the applicant.
- Proof of residency must be confirmed by providing a valid State of Ohio driver's license and current utility bill.
- The Parks and Recreation Director will consider as proof of hardship from the following documents: Income tax returns; Recent pay slips, Burdensome medical expenses, Unemployment

PARTICIPANT INFORMATION

Participant's Name: _____ Age: _____

Local Street Address: _____

Home Phone #: (_____) _____ Mobile / Work Phone # (circle one): (_____) _____

This scholarship will be used for the following activity: _____

Knowing the normal activity fee of \$ _____, what do you think you can afford to pay? \$ _____

PARENT/GUARDIAN INFORMATION

Name Parent/Guardian 1: _____ Employer: _____

Name Parent/Guardian 2: _____ Employer: _____

of children living at home: _____ # of adults in household: _____

Are you presently receiving assistance from any of the following programs? (Check all that apply)

- Free or reduced school lunch program Aid to Families with Dependent Children (AFDC)
 State Welfare Assistance Other: _____

Briefly describe the need for this scholarship: _____

TOTAL ANNUAL HOUSEHOLD INCOME (include child support if applicable)

- Under \$10,000 \$10,000 - \$13,999 \$14,000 - \$17,999 \$18,000 - \$21,999 \$22,000 - \$25,999
 \$26,000 - \$29,999 \$30,000 - \$33,999 \$34,000 - \$37,999 \$38,000 - \$41,999 \$Above \$42,000

Parent/Guardian Signature

Date

OFFICE USE ONLY

Scholarship Granted Amount of Scholarship: \$ _____
 Denied Balance of fee due: \$ _____