



**Creating Opportunities for youth in  
Springfield and Greene County**

**417-864-1049**

**[ParkBoard.org/Scholarships](http://ParkBoard.org/Scholarships)**



## SCHOLARSHIP APPLICATION

The goal of the Springfield-Greene County Park Board Youth Recreation Scholarship Fund is to create opportunities for youth in Springfield and Greene County to participate in as many community recreation programs as possible. Scholarship opportunities are intended to assist youth that meet household income guidelines and would not otherwise be able to pay program fees.

Scholarship amounts are limited and are subject to available funds.

### The following limits apply to all scholarship applications:

- Applicants:
  - Must be a resident of Greene County
  - Must be 18 years old or under
- Scholarships **Are** Available for:
  - Programs, Events, Camps, Clinics, Activities, Lessons, and Summer Pool Passes
- Scholarships **ARE NOT** Available for:
  - Facility Memberships (Cooper Tennis Complex, Doling Family Center, Chesterfield Family Center, and Dan Kinney Family Center)
  - Single admissions to Park Board facilities
  - Programs co-sponsored by the Springfield-Greene County Park Board and other organizations

All financial information required by this application and provided by the applicant will remain confidential.  
Please mail or deliver application and support documents to the following address:

**Springfield-Greene County Park Board  
1923 N. Weller  
Springfield, MO 65803**

<b>MISSION STATEMENT</b>	<b>A.D.A. STATEMENT</b>
<p>The Springfield-Greene County Park Board strives to provide the very best in parks and recreational facilities, programs, events and services to our community. In doing so, we will make a positive impact on the overall quality of life, health, environmental, social and economic aspects for our resident families and visitors alike.</p>	<p>In compliance with the Americans with Disabilities Act, the Springfield-Greene County Park Board strives to provide quality recreational programs for individuals of all abilities. Any person with a disability desiring to receive information on recreation opportunities should contact the Inclusive Recreation Coordinator at 417-874-5808.</p>



## Scholarship Program Application Instructions

### Applications Must Include:

#### 1. Household Income Eligibility

- Proof of Free or Reduced Meal Benefits
- Or
- A copy of most recent Federal Form 1040 or 1040A tax return, **AND**
- Proof of Springfield or Greene County Residence
  - *Examples – Utility bill, housing lease, etc.*

#### 2. Program Registration Form

- Note – Summer Pool Passes do not need a registration form

#### 3. Completed & Signed Scholarship Application

### Household (per calendar year) scholarship limits:

One child	\$170 per calendar year
Two children	\$340 per calendar year
Three or more children	\$510 per calendar year

- In the event the fees for your requested program or programs exceeds these limits, you may use the scholarship up to these limits and pay any remaining balance.

### Additional Information

- Please allow 7-10 working days for your scholarship application to process
  - Applications submitted for programs beginning in less than the processing time are not guaranteed and may require payment for participation
- The Scholarship Office will contact the applicant with questions and decisions about applications
- Scholarship Applications will not be processed if the Youth Recreation Scholarship Fund is depleted
- Scholarships will be awarded based on the following Current Federal Guidelines for Reduced Price Meals as of 07/01/2020

Number of family members in the household	Monthly Household Gross Income Limit	Annual Limit (Monthly Limit x 12)
2	\$2,658	\$31,894
3	\$3,349	\$40,182
4	\$4,040	\$48,470
5	\$4,730	\$56,758
6	\$5,421	\$65,046
7	\$6,112	\$73,334
8	\$6,802	\$81,622



# Scholarship Application

PARENT / GUARDIAN			
Name		Date of Birth	
Street Address			
City, State, Zip			
Home Phone		Cell Phone	
Email Address			
Marital Status			
Spouse's Name		Date of Birth	
CHILD #1			
Name		Age & Date of Birth	
Program Name		Program Location	
Program Date(s)		Program Fee	
CHILD #2			
Name		Age & Date of Birth	
Program Name		Program Location	
Program Date(s)		Program Fee	
CHILD #3			
Name		Age & Date of Birth	
Program Name		Program Location	
Program Date(s)		Program Fee	
Please explain any special circumstances you want to be considered with your application			
<b>By signing below, I understand and agree to the following:</b> <ul style="list-style-type: none"> <li>- I am responsible for any remaining fees above my annual scholarship limit 1 Child = \$170; 2 Children = \$340; 3+ Children = \$510</li> <li>- I have included my household income eligibility</li> <li>- My household income information includes any and all assistance received from any source.</li> <li>- I have included my proof of Springfield or Greene County residence</li> <li>- The information contained in this application is true and correct to the best of my knowledge.</li> <li>- The Springfield-Greene County Park Board staff will securely verify all information on this application</li> <li>- The application process may take 7 -10 working days to process.</li> </ul>			
Parent/Guardian Signature:			

For Office Use Only:			
Scholarship Amount	\$	Revenue Location	
Scholarship Office Review:		Date	
Park Business Operations Review:		Date	