

**Friends of Recreation for a Healthy Community**

**2017 Application for Scholarships to the Cortez Recreation Center**

**IMPORTANT INFORMATION:**

1. Friends of Recreation for a Healthy Community, a non-profit organization, is awarding scholarships in the form of access to the Recreation Center for 3-month periods or for Silver Sneakers Class participation fees. You may apply twice per calendar year and will not be eligible for more than 6-months use per calendar year.
2. To be eligible for a scholarship, you must complete the attached application **and attach proof of income.**
3. You will receive a letter when your application is approved.
4. If you are awarded a scholarship, the people named are the only people who may access the facility or participate in the class.
5. All rules and policies of the Recreation Center must be followed at all times.
6. Eligibility is determined based on the following income guidelines:

Number of Persons in Household	Monthly Income Limit
1	\$1,750
2	\$2,000
3	\$2,250
4	\$2,500
5	\$2,700
6	\$2,900
7	\$3,100
8 or more	\$3,300

**Completed scholarship applications received before the 25<sup>th</sup> of the month will be processed for access to the Recreation Center beginning the 1<sup>st</sup> of the following month. Please remember you will need to reapply for another scholarship when your 3-month period has ended. You may reapply before your access has ended.**

**HOW TO APPLY:**

1. Complete the attached application **and attach all necessary proof of income.**
2. Place the application in a sealed envelope to *ensure your information is kept confidential and all together!*
3. Send it to: Friends of Recreation, P.O. Box 1515, Cortez, CO 81321, or take it to the desk of the Cortez Recreation Center. We will pick it up from there.

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You may cut off this strip and save it in case you have questions. **Please do not ask about your application at the Recreation Center.** If you have questions, please call Jo at (970) 560-1525 or email [friendsofrecreation@gmail.com](mailto:friendsofrecreation@gmail.com). Para más información acerca de este programa en Español llame a Monica (970) 529-0224.

# Friends of Recreation for a Healthy Community

## 2017 Scholarship Application

**Please print**

Name of Applicant (or guardian if applicant is a minor): \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applying for: Rec Center Access **or** Silver Sneakers? (circle one)

Please list all members of your family age 5 and over who want a scholarship (including yourself, if applicable).

Name	Relationship to You	Age/Date of Birth
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list **all** persons living in your home.

Name	Relationship to You	Age/Date of Birth
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the total monthly income for your household? \_\_\_\_\_

Sources of income for everyone who lives in your house (check all that apply):

\_\_\_\_\_ Employment Monthly Amount \_\_\_\_\_

Name of Employer \_\_\_\_\_

\_\_\_\_\_ SSI Monthly Amount \_\_\_\_\_

\_\_\_\_\_ Social Security Monthly Amount \_\_\_\_\_

\_\_\_\_\_ Veteran Benefits (VA) Monthly Amount \_\_\_\_\_

\_\_\_\_\_ Pension Monthly Amount \_\_\_\_\_

\_\_\_\_\_ Disability (SSDI) Monthly Amount \_\_\_\_\_

\_\_\_\_\_ Unemployment Monthly Amount \_\_\_\_\_

\_\_\_\_\_ Child Support Monthly Amount \_\_\_\_\_

\_\_\_\_\_ Workers' Comp Monthly Amount \_\_\_\_\_

\_\_\_\_\_ Food Stamps Monthly Amount \_\_\_\_\_

\_\_\_\_\_ Other Income Monthly Amount \_\_\_\_\_

Please Describe \_\_\_\_\_

**Please attach proof of your household income for each of the above selected sources of income, including Food Stamps.** If you are filling this application out for someone other than yourself, his or her income information must be included.

**Valid forms of proof include:** Copies of **2** most recent pay stubs, copies of last year's W-2 forms, copy of notice stating amount of welfare benefits, SSI, Social Security, VA, Disability (SSDI), pension, Workers' Compensation, Food Stamps or unemployment benefits; or a copy of a bank statement showing direct deposit of such payments; copy of court order or other proof of child support amount.

If you have been awarded a scholarship from us in the last 6 months and your household income has not changed, no new proof of income is required. If your income has changed at all since your last scholarship or it has been more than 6 months since the beginning of your last scholarship, please provide new documentation as outlined above. Friends of Recreation for a Healthy Community reserves the right to request updated financial information on a case-by-case basis.

Please initial here to indicate that your income has not changed since the last time you applied and were awarded a scholarship: \_\_\_\_\_

**This application cannot be processed without proof of income. If the above proof doesn't accompany this application, your scholarship approval will be delayed.**

I state that all information on this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date