

Friends of Recreation for a Healthy Community

2020 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 (see page 3 of application for rules regarding proof of income)**. **You must have at least 1 source of income to be eligible. Food stamps is NOT considered a source of income.**
3. You must provide proof of income for **ALL** people living in your household if they desire a scholarship.
4. You will receive a letter when your application is approved. You will also receive a letter denying your application or if we require more information to approve your application.
5. If you are awarded a scholarship, the people named are the only people who may access the facility or participate in the class. **Identification is required to gain access to the facility** so please check in at the front desk each visit and show ID for access to the facility.
6. All rules and policies of the Recreation Center must be followed at all times.
7. Eligibility is determined based on the following **gross** income guidelines:

Number of Persons in Household	Monthly Income Limit
1	\$1,987
2	\$2,270
3	\$2,554
4	\$2,837
5	\$3,066
6	\$3,291
7	\$3,520
8 or more	\$3,746

Completed scholarship applications received before the 20th of the month will be processed for access to the Recreation Center beginning the 1st of the following month. Please remember you will need to reapply for another scholarship when your 3-month period has ended by submitting a new application and proof of income.

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 26, 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. Para más información acerca de este programa en Español llame a Monica (970) 529-0224.

Friends of Recreation for a Healthy Community

2020 Scholarship Application

Please print

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

Mailing Address: _____ City: _____ Zip _____

Cell Phone: _____ Home Phone: _____

Email address: _____ Date of Birth: _____

Applying for: Rec Center Access or Silver Sneakers or Special Fitness (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 gross monthly income for your household? _____

Sources of gross income **for everyone who lives in your house** (check all that apply and insert monthly amount):

_____ 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 _____

_____ Welfare Benefits/AFDC Monthly Amount _____

_____ Other Income Monthly Amount _____

Please Describe _____

Please attach proof of your household income for each of the above selected sources of income. 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, current copy of notice stating amount of SSI, Social Security, VA, Disability (SSDI), Pension, Unemployment benefits, proof of Child Support payments, Workers' Compensation, Welfare benefits, AFDC or any other income; or a current copy of a bank statement showing direct deposit of such payments; copy of court order or other proof of child support amount.

This application cannot be processed without proof of income. If the above proof of income does not accompany this application, your scholarship approval may be delayed or denied.

You must have at least 1 source of income to be eligible for a scholarship. Food stamps is NOT considered a source of income.

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

Signature

Date