

Friends of Recreation for a Healthy Community

This Non-Profit organization offers scholarships for a 3-month pass to the Recreation Center or for Silver Sneakers Class participation fees.

IMPORTANT INFORMATION:

1. Applicants must be residents of **Montezuma County** and provide a physical and mailing address
2. You will receive a letter of approval, denial, or if we require more information.
3. 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.
4. All rules and policies of the Recreation Center must be followed at all times.
5. **The City of Cortez will request a Release of Liability form.**
6. Eligibility is determined based on the following **gross** income guidelines:

| Number of Persons in Household | Monthly Income Limit |
|--------------------------------|----------------------|
| 1 | \$2,610 |
| 2 | \$3,526 |
| 3 | \$4,442 |
| 4 | \$5,360 |
| 5 | \$6,276 |
| 6 | \$7,192 |
| 7 | \$8,110 |
| 8 or more | \$9,026 |

Completed applications received by the **24th** of the month will be processed for access to the Recreation Center beginning the **1st** of the following month.

After the 3 months expires, you may reapply for another scholarship by submitting a new application and proof of income. No more than 2 scholarships per calendar year.

HOW TO APPLY:

1. Complete the attached application - **Incomplete applications will not be processed.**
 - a. Attach necessary documents (see page 2 of application for valid forms of proof of income). **Provide Proof of income** for **ALL** people living in your household that desire a scholarship.
 - b. If you are assisting applicant with the application, please provide his or her income.
2. Place completed application with proof of income in a **sealed envelope** to ensure your information is kept confidential and all together!
3. Mail it to: Friends of Recreation, P.O. Box 26, Cortez, CO 81321 **Or** Drop it off at the front desk of the Recreation Center. **Applications are picked up after the 24th of the month.**

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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 Tharimae at (970) 565 - 9200 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

2026 Scholarship Application

Please PRINT Clearly

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

Physical Address: _____

Mailing Address: _____

Email Address: _____ Date of Birth: _____

Cell Phone: _____ Home Phone: _____

What are you Applying for – Circle Only One:

Rec Center Access or Silver Sneakers Fitness (Senior Citizen Exercise class)

Including yourself, List all that are applying for a scholarship, of your household age 5 and over.

| Name | Relationship to You | Date of Birth |
|------|---------------------|---------------|
|------|---------------------|---------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List all persons living in your home.

| Name | Relationship to You | Date of Birth |
|------|---------------------|---------------|
|------|---------------------|---------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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, enter 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 _____

Attach **Current** proof of income for each of the above selected sources of income.
Food stamps or being paid in cash is **NOT** considered a source of income.

Failure to attach proof of income will delay the processing of your application. Once proof of income is provided the application will be processed the next month.

Valid forms of proof of income include:

- Copies of **2** most recent pay stubs.
- Copy of notice stating amount:
 - SSI, Social Security, VA, Disability (SSDI)
 - Pension, Unemployment benefits, Workers' Compensation
 - Proof of Child Support payments, Welfare benefits
 - AFDC or any other income.
- Copy of a bank statement showing direct deposit of such payments
- Copy of court order or other proof of child support amount.

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

Signature Date