

Let Them PLAY!



Scholarship Application

The City of Ocala, Recreation and Parks Department recognizes that some residents require financial assistance to attend recreational activities. Scholarship availability is based on available funds. **ALL information must be filled in or the application will be returned unaccepted**. If you are applying for multiple scholarships, a separate application is required for each participant and for each program. Return completed application to: Ocala Recreation and Parks, 828 NE 8th Avenue, Ocala, Florida 34470 or email to: recpark@ocalafl.gov.

Applicant's Name:		Date of Birth:
Parent/Guardian Name (if appli	cable):	
Names and birth dates of Family	Members within the same househ	ıold
	/	
	/	
Total number of family members	in the household (adults and child	dren):
Address:	City, Sta	te:
Telephone:	Email Address:	
Name of Program/Activity:		
Do you receive garbage pick-u	p by the City of Ocala?: \square Yes	□ No □ I don't know
Is your electric service provided	by Ocala Electric Utility/City of Oc	cala? □ Yes □ No □ I don't know
How many adults living in the ho	ousehold are currently employed?:	·
Have you received a scholarshi	p in the past 6 months?: \Box	Yes □ No
Is your request for scholarship di	rectly related to an unplanned find	ancial hardship? \square Yes \square No
Total Yearly Family Income (incl	ude child support if applicable):	
☐ Less than \$20,000	□ \$31,000 - \$40,000 □	\$51,000 - \$60,000
□ \$21,000 - \$30,000	□ \$41,000 - \$50,000 □	Other
What scholarship program are y	ou applying for? (See Let them PLAY	scholarship guidelines for more information):
☐ Let them PLAY Provides fundir	ng for program registration fees up	to \$200 per year per household. 100%
for City Residents; 75% for Ma	rion County Residents with Ocala E	Electric Utility service; or 50% for all othe
Marion County Residents.		
☐ Work to PLAY (Provides 50% fu	unding for program registration fee	s in exchange for volunteer hours up to
\$200 per year per household)	. Parent/Guardian must be able to	pass a background check and
		ys of awarded scholarship. If applying
·	mplete a Volunteer Application ar	
application.		•

Please provide a description of v	why financial assistan	nce is needed (attach additional inf	ormation if
necessary):			
I hereby certify that all the abov	e information is true (and accurate to the best of my know	vledae I
		an inability to receive any scholars	•
Signature of Applicant Parent/O	Fuardian	Date	
Signature of Applicant, Parent/Guardian		Daio	
	FOR OFFIC	E USE ONLY	
Date Application Received:			
Residency: □ City Resident □County Resident w/ OEU □ County Resident		Program Supervisor Signature	 Date
Availability: □ Seats Available □ Program FULL			
Funding: □ Funds Available □ N Recommendation: □ Approve	lo Funds Available	Program Supervisor Name Printed	-
□ Deny (Attach e	explanation)		
Regular Program Fee	\$	Division Head Signature	 Date
	•	· ·	
Scholarship Percentage	%		_
Less Scholarship Amount	\$	Director/Designee Signature	Date
Total Due from Participant	\$	☐ Request for funds APPROVED ☐ Request for funds DENIED	
Total # of Volunteer Hours Due (if	\$		
applicable): Total Let them PLAY Funds awarded			
to household this year:	\$	☐ Other ☐ Work to PLAY Scholarship – Information provided to Volunteer Manager. Initials ☐ Approved Application provided to Business Analyst for tracking and verification. Initials	
Total Work to PLAY Funds awarded to household this year:	\$		
Amount of scholarships awarded to the requested program this year.	\$		