



TOWN OF DAVIE
Parks and Recreation Department
6901 Orange Drive, Davie, FL 33314

FINANCIAL ASSISTANCE SCHOLARSHIP PROGRAM FORM

Who may apply: Scholarship applications are available to anyone who desires to take part in Town of Davie Programs, but cannot afford the total cost involved.

Please complete all items as fully as possible, and provide all income documentation. PLEASE PRINT

Name of Child _____ Phone _____

Home Address _____ City/State _____ Zip _____

Completing Grade _____ Age _____ Birthdate _____ Sex _____

Mother's Name _____

Mother's Employer _____ Business Phone _____

Father's Name _____

Father's Employer _____ Business Phone _____

School your child is attending _____

Is your child enrolled in the School Hot Lunch Program? (Proof Required) _____

Are you a single parent family? _____

Number of dependent children in family _____

Child Lives with (state name and relationship) _____

Approximate family income: (proof required)

Under \$6,000 \$6,000-\$9,000 \$9,000-\$12,000 \$12,000-\$15,000 \$15,000-20,000

\$20,000-\$25,000 Over \$25,000

Reason(s) for Scholarship: _____

The above information is certified to be correct

 Parent/Guardian Signature

 Date

FOR OFFICE USE

Interviewed by: _____ Date of interview: _____

The following agreements were reached: _____

Final Agreement: _____ Total Fees \$ _____

FEES TO BE PAID BY PARENT \$ _____

FEES TO BE PAID BY SCHOLARSHIP \$ _____

TOTAL FEES \$ _____

 Recommended approval from Sports Staff

 Director's Approval