

This section to be completed by reviewing staff only ▶	App No.	Review No.	RecTrac HH No.	Residency Status	Income Eligible	Review Date	Approved/Denied	Initials

Return applications and eligibility documents to the Aquatic Administration and Training Center or mail to:
 Aquatic Scholarship Program, 2818 San Gabriel Street, Austin, TX 78705
Fax: (512) 974-9344 **Voicemail:** (512) 974-9330 **Email:** AquaticsOffice@austintexas.gov



2023 Aquatic Scholarship Application

The Austin Parks & Recreation Department's Aquatic Unit is extending financial assistance to qualified applicants interested in participating in Aquatic programs and training courses. To qualify for assistance, participants must 1) reside in the City of Austin and 2) qualify for free or reduced lunch under the Department of Agriculture Child Nutrition Programs: Income Eligibility Guidelines. Applicants must submit a copy of the eligibility letter provided by their school along with this form or complete the "Attestation of Eligibility" section on the back and submit a copy of your most recent 1040 forms and W-2. To prevent processing delays, complete and sign an aquatic unit course registration form and attach to the scholarship application. Incomplete or illegible applications cannot be considered. Recipients who qualify for "Reduced School Meals" receive a 50% scholarship and those who qualify for "Free School Meals" receive a 100% scholarship to cover registration costs for the City of Austin Parks and Recreation Department's aquatic program or training course requested. Income eligibility does not guarantee a scholarship award. Award of a scholarship does not guarantee registration in an aquatic program or training course.

Only one scholarship per household per year.

Household Information: Street address determines residency status. No P.O. Boxes

Household Street Address (include Apartment Number)		City	State	Zip Code
Primary Household Name	Home Phone	Cell Phone	Work Phone	
Secondary Household Name	Home Phone	Cell Phone	Work Phone	
Email Addresses will be used to communicate application status, program acceptance and requests for additional information. If there is no email address and the household has a different mailing address or P.O. Box, please provide that address instead.				
Primary Email Address		Secondary Email Address		

Applicant Information: Applicants listed below must share the household information above. Complete separate applications for individuals that do not share the same household information.

	Name	Gender	Date of Birth	Age
1.		☐ M ☐ F ☐ ____		

DESIRED PROGRAM/COURSE

Program/Course Name	Class #/Course Code	Session	Dates/Times	Course Fee

Certification Statement and Signature: Please read the statement and sign below.

I certify (*promise*) the information provided above and any eligibility documents included with this application are true. I understand if I provide false information, any financial assistance received will be revoked and full payment for registration will be required for participation. I further understand that if I intentionally provide false information on this form, I will be subject to the above penalty, be required to reimburse any scholarship funds received and may also be subject to criminal prosecution.

Primary/Secondary Household Signature _____ Date _____

The City of Austin is proud to comply with the Americans with Disabilities Act. If you require assistance for participation in our programs or use of our facilities, please contact our Office at (512) 974-9330.

Attestation of Eligibility Section: Complete ONLY if you DO NOT have an eligibility letter from the applicant's school. Please note schools can qualify individuals for reduced or free lunch benefits using information other than income, but the Parks and Recreation Department cannot without the letter from the school. Income eligibility guidelines can be found at <http://www.fns.usda.gov/school-meals/income-eligibility-guidelines>.

[illegible]

I certify (*promise*) the information above is complete and true. I understand the Austin Parks and Recreation Department may request proof or documents to verify the information above at any time. I understand if I refuse to cooperate or am unable to comply with a request for information, any scholarship award received will be revoked and full payment for registration will be required for continued participation. I further understand if I intentionally provide false information on this form, I will be subject to the above penalty, be required to reimburse any scholarship funds received and may also be subject to criminal prosecution.

Primary/Secondary Household Signature _____ Date _____

Site/Facility Staff: Complete this section with the Date and Time the application and proof of eligibility are received.												
Receiving Staff	Site or Facility	Reception Date				Reception Time						
			/		/			:			☐ AM	☐ PM