

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

**Return applications and eligibly documents to an area Parks and Recreation facility or mail to:**  
 Austin Parks & Recreation Department Financial Assistance Program, 200 South Lamar, Austin, TX 78704  
**Fax:** (512) 469-2957      **Voicemail:** (512) 974-3911      **Email:** PARDFinAid@austintexas.gov



## 2017 Financial Assistance *for* Youth Programs

The Austin Parks & Recreation Department is extending financial assistance to qualified families with youth participants interested in attending recreation programs. To qualify for assistance, youth participants must 1) reside in the City of Austin and 2) receive or be eligible to receive reduced or free lunches in their school district. Applicants must submit a copy of the eligibility letter provided by the school along with this form or complete the "Attestation of Eligibility" section on the back. Do not provide other financial documentation unless requested. To prevent processing delays, complete and sign application in black or blue ink and do not use correction fluid. Incomplete or illegible applications cannot be considered. Recipient households receive a 50 percent reduction in registration costs for City of Austin Parks and Recreation youth programs and also additional program information. Households may also qualify for additional Youth Scholarship (*see back page for additional details*). Assistance must be renewed annually and will expire December 31, 2017. Eligibility does not guarantee assistance. Assistance does not guarantee program registration or transportation.

### 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 be 1) under 18 years of age\* and 2) 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.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>
2.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>
3.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>
4.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>
5.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>
6.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>

Check box for Scott Johnson Scholarship consideration (see back side for details)

An applicant above receives reduced/free lunches from his or her school or applicants above are eligible for the lunch program but do not participate. *Include the eligibility letter from the school or complete the "Attestation of Eligibility" section on the back of this form.*

\*Please check this box if an applicant above is between the ages of 18 and 22 and receives special education services in their school district. *Include the "Letter of Eligibility" for this applicant.*

### 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 continued 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 Inclusion Services Office at (512) 974-3914.

