



Takoma Park Recreation Department

301-891-7290 takomaparkmd.gov/recreation



SCHOLARSHIP PROGRAM INFORMATION

- The Takoma Park Recreation Department recognizes that some residents of the City of Takoma Park, Maryland, require financial assistance in order to avail themselves of certain recreational activities that are offered by the department. Scholarships give Takoma Park residents an opportunity to learn, grow and have fun.
- The Takoma Park Recreation Department scholarship program is designed to assist individuals and families accessing our programs, by providing an opportunity to apply for a lesser fee than the published amounts. We do not accept social service vouchers.
- Scholarships are for all ages. Scholarships are awarded on a first-come, first-serve basis and contingent on available space at the time of submission.
- Families and individuals may qualify for a 70%, 50% or 20% scholarship for all programs. Senior/55+ class fees will be waived if a participant is approved for a scholarship. For families or individuals affected by COVID-19, program fees may be waived. *See next page for exclusions.*
- The term “fee” refers to an established individual user fee. This includes camps, classes, child care, programs and individual registration for sports.
- Fee assistance is not available for memberships, groups or teams, or for non-residents of the City of Takoma Park.
- Scholarships are applied to all individuals on a family account.
- Please complete and return the attached application and verification of income to the Takoma Park Recreation Department, 7500 Maple Avenue, or the Takoma Park Recreation Center, 7315 New Hampshire Avenue **at least three (3) weeks prior to registration opening**. Full completion of this application and verification of income (if applicable) are required before scholarship applications can be processed.
- Required documentation to determine eligibility are:
 - City of Takoma Park proof of residency
 - Completed application form and signed/dated income chart
 - On the income chart, please list all dependent family members as defined by the Internal Revenue Service (IRS) residing in the home, their relationship to the applicant and their monthly income. An adult, age 18 or over, must list their own income, unless they are considered a dependent as defined by the IRS.

AND one of the below:

- A copy of the two most recent pay stubs for all income earners in the household
- A copy of current school year FARMS verification
- If no income documentation can be supplied, please write a brief letter explaining your situation.



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- Applicants are required to update scholarship information if financial and/or family status changes. Regardless of any changes, a new application and updated income documentation must be submitted for consideration every year.
- All information gathered for the purpose of determining scholarship amount will be kept in strictest of confidence.
- After you submit a completed packet, the Takoma Park Recreation Department will notify you within 10 business days of your scholarship status at the phone number provided on the application. If approved, the registrant will be notified of the adjusted price for programs listed on application.
- A space is not held or guaranteed in a program until the applicant registers and makes payment (online or in person).
- If you have any questions, please call the Takoma Park Recreation Department Administrative Office at 301-891-7290.

Incomplete applications will not be processed.

Exclusions from the Scholarship Program:

- All facility rentals
- Sports team registration fees
- Admission fees for performances and drop-in programs
- Recreation Department gift certificates
- Trip admission and meal fees
- Fees for materials, uniforms and equipment for classes, programs and workshops
- Amusement park tickets
- All membership passes



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APPLICATION FOR SCHOLARSHIP (Only residents of the City of Takoma Park are eligible)

APPLICANT INFORMATION (Parent/Guardian)

NAME OF APPLICANT: _____ DATE: _____

CONTACT INFO: (Home) _____ (Work) _____
(Cell) _____ (Email) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ WARD: _____

NAME OF PARTICIPANT(S)

(1) _____ Age: _____

Programs interested in:

(2) _____ Age: _____

Programs interested in:

(3) _____ Age: _____

Programs interested in:

*Include additional family members or programs on an extra sheet of paper if needed.

----- **Do Not Write Below This Line, Office Use Only** -----

ADMINISTRATIVE ASSISTANT RECOMMENDATION: Approval for ____ Percentage Disapproval

SIGNATURE: _____ DATE: _____

ASSISTANT DIRECTOR'S RECOMMENDATION: Approval for ____ Percentage Disapproval

SIGNATURE: _____ DATE: _____

DIRECTOR'S ACTION: Approval for ____ Percentage Disapproval

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Date Completed Appl. Rec'd: _____ Staff Initials: _____

Documentation attached (Please check all that apply):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> FARMS Verification | <input type="checkbox"/> Pay Stubs (2 most recent) | <input type="checkbox"/> Child Support | <input type="checkbox"/> Guardianship Letter |
| <input type="checkbox"/> Social Security statement | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Workmen's Comp | <input type="checkbox"/> Other Income _____ |

Notification Date & Method: _____



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INCOME CHART

Only residents of the City of Takoma Park are eligible. Incomplete applications will not be processed.

Has your employment status or household income changed in the past year? No Yes If yes, was it due to COVID-19?
If yes, please explain:

NAMES OF FAMILY MEMBERS <i>*please include all dependent family members in the house and their monthly income.</i>	RELATIONSHIP TO APPLICANT	MONTHLY Gross Earnings from Work <i>(before deductions, 2 most recent paystubs)</i> <i>Attach Documentation</i>		MONTHLY Welfare, Child Support, Alimoy <i>Attach Documentation</i>	MONTHLY Pensions, Retirement, Social Security and any other income <i>Attach Documentation</i>
		Job 1	Job 2		
1.	Self				
2.					
3.					
4.					
5.					
Subtotals of Monthly Income		\$	\$	\$	\$
Total Monthly Income					\$
Total Yearly Income					\$

REQUIRED: Current FARMS verification or 2 most recent pay stubs or other paperwork referenced above.

I certify that all of the above information is true and correct and that all income is reported. I understand that City officials may verify the information on the application, and that deliberate misrepresentation of the information will prevent this application and future applications from being approved.

SIGNATURE OF APPLICANT: _____

DATE: _____