



S.O.A.R. (SCHOLARSHIPS OPPORTUNITIES FOR ACTIVITIES & PROGRAMS) APPLICATION

The City of Frisco is committed to serving the diverse needs of its citizens, and the Recreation Division wishes to ensure that everyone is able to experience the benefits of recreation. Financial assistance is therefore available to those who qualify. To be considered for our scholarship program, please complete the application packet and mail it or bring the completed application to the Frisco Athletic Center, 5828 Nancy Jane Lane, Attn: Krysta McFarland, Recreation Program Supervisor, Frisco, TX 75035

TERMS & QUALIFICATIONS:

- Must be a Frisco resident and able to provide proof of residency. A current driver's license or photo ID with a current utility bill will be sufficient.
- Please attach all documentation of your need for assistance. The list of documents is on page 7. Any written explanation of need for assistance is also welcome.

SCHOLARSHIP AWARD POLICY:

Frisco Family Services will review all scholarship applications and determine eligibility of applicants. Frisco Family Services uses the Federal Poverty Guidelines to determine the amount of financial assistance needed and is based on a minimum and a maximum monetary award. Frisco Family Services application packet and supporting documents need to be filled out entirely to be eligible.

- Funds may be used for the following city operated recreation programs:
 - Recreation Programs (Learn to Swim, dance, tennis, art, etc.)
 - Special Events (Mother Son Dance, Daddy Daughter Dance, Dive-In Movie, Breakfast with Santa, Aqua Egg Hunt, and Pumpkin Splash Patch)
- Programs not applicable towards the scholarship include, but are not limited to, the following:
 - 3rd Party Registration Sites (Premier Camps, Dallas Mavericks Camps, Soccer Tots/Little Sluggers, Frosty 5K, and Camp Gladiator)
 - Athletic Leagues and Personal Training
 - FAC Memberships

Scholarship recipient(s) must:

- Furnish their own transportation to and from programs.
- Pay supply fees to the instructor on the first day of class and/or purchase any necessary supplies for class.
- Participate in the chosen program(s) at least 75% of the time to maintain eligibility for future program assistance.

Qualifications and applications must be completed and submitted each season by the deadline to be eligible for financial assistance.

- Qualified applicants are eligible for assistance for one program, per family member, per season.
- Awards only valid for the season the application is submitted.
- Seasons are defined as spring, summer, and fall/winter.
- Approved scholarship funds are not transferrable to other family members.
- There are no transfers, withdrawals, or refunds from enrolled program.
- The City of Frisco reserves the right to revoke any scholarship awards at any time due to any reason, up to and including inappropriate behavior.

Deadline for Spring 2012 programs is 5 p.m. on Wednesday, December 21, 2011. Please allow two to three weeks to process your application.

SCHOLARSHIP APPLICATION

Head of Household: _____

Address: _____

Phone (H): _____ (W): _____

Employer: _____

Number of family members in household: _____

Can you afford to pay any part? Yes No If yes how much? _____

Has the participant previously received financial assistance from Frisco Parks and Recreation? If yes, what year and what program?

Person(s) seeking assistance:

Name:	Age:	DOB	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name:	Program Code: 1 st Choice	Program Code: 2nd Choice:	Program Name:	Program Fee:

Total Fee: _____
Less Supply Fee: _____
Less what you can afford: _____
Total Scholarship: _____

I certify that the information listed above and submitted for evidence of need for financial assistance is true and correct. I understand that providing false information can result in an immediate loss of financial assistance. I understand that all information is subject to release pursuant to the Public Information Act. The city will take reasonable steps to attempt to maintain the information as confidential unless otherwise required by the law.

Signature: _____ Date: _____

STAFF USE ONLY:

FAC Received Date _____ By _____

FFS Approved Amount _____ Date _____ By _____

FFS Denied Date _____ By _____ Reason _____

FAC Notified _____ Date _____ By _____

**Frisco Family Services Center
 Frisco Parks and Recreation
 APPLICATION FOR ASSISTANCE**

Date: _____

Please Print

Full Name _____
 (First) (Middle Initial) (Last)

Date of Birth _____ Age _____ Race/Ethnicity _____ Gender _____
mm-dd-yyyy

Street Address _____ Apt. # _____ Apt. Name _____

City, State, Zip Code _____ County _____

S.S. # _____ - _____ - _____ Marital Status (please circle one): Married Single Separated Divorced Widowed

Home Phone: (____) _____ - _____ Wk Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-mail address _____ Church/Synagogue Affiliation: _____

Current Employer: _____

How long have you lived in Frisco/FISD area:	_____ Years	_____ Months	_____ Weeks
How long have you lived at your current address:	_____ Years	_____ Months	_____ Weeks
Do you rent or own?	_____ Rent	_____ Own	
Total Number of People in the Household	_____		

List all children or others living in your household (DO NOT INCLUDE YOURSELF).

Name	SS #	Gender	Age	DOB	Race	Grade	Name of school or employer	Relationship to Applicant

Please answer the following questions:

1. Have you ever received assistance from FFSC in the past? **(Please check one)** Yes No
2. Have you ever lived in a household that received assistance from FFSC? Yes No
3. Are you a current client with FFSC? **(Please check one)** Yes No
4. Do you live in Frisco? **(Please check one)** Yes No
5. Do you live in the Frisco Independent School District? **(Please check one)** Yes No

I understand that filling out the application does not guarantee a scholarship will be granted.

The information provided is accurate and correct. I understand that any false information will delay my application process and/or cause my scholarship request to be denied.

Signature

Date

CLIENT NAME: _____

In order to determine your eligibility for scholarship assistance, please complete the following questions:

What is your need today? _____

What is the crisis or situation that has caused you to seek scholarship assistance? _____

What are your plans to prevent this crisis from recurring? _____

If you are requesting scholarship assistance, how will you pay for future recreational classes? _____

How did you hear about City of Frisco scholarship program? _____

Have you or anyone else in your household been assisted by FFSC? _____

Please list your previous addresses:

Street Address, City, State and Zip Code	How long/List dates

Medical History

Current health care/insurance (please circle one): CHIP Medicaid Medicare Northstar Private None Other
Does anyone in your household need or receive medical/psychological assistance? _____

Education History

Highest grade you completed: _____ Highest grade completed by your spouse/roommate: _____

Employment History

Please list your current and past employment:

	Place of Employment	Dates of Employment	Job Title	Reason for Leaving
Current				
Current				
Past				
Past				

Please list your spouse's/roommate's current and past employment:

	Place of Employment	Dates of Employment	Job Title	Reason for Leaving
Current				
Current				
Past				
Past				

Total Household Income & Expense Report

Monthly Income	Monthly Amount	Monthly Expenses	Monthly Amount	Total Owed or Overdue
Wages Net _____ <small>(name)</small>		Housing (Mortgage or Rent)		
Wages Net _____ <small>(name)</small>		Electricity		
Wages Net _____ <small>(name)</small>		Gas		
Wages Net _____ <small>(name)</small>		Water		
Wages Net _____ <small>(name)</small>		Phone		
Social Security Disability		Cable		
S.S.I		Mobil Phone		
Veteran's disability		Car Payment		
Retirement		Gasoline		
Food Stamps		Auto Insurance		
TANF		Home or Renter's Insurance		
Family		Medical + Dental Insurance (out of pocket costs)		
Friends		Medical Expenses		
Unemployment		Prescriptions		
Workers Compensation		School Lunches		
Child Support		Groceries		
Other agencies		Laundry		
Any other income		Child Care		
WIC <input type="checkbox"/> YES <input type="checkbox"/> NO		Child Support		
Medicaid <input type="checkbox"/> YES <input type="checkbox"/> NO		Loans (explain purpose)		
		Other (explain)		
Checking acct balance				
Savings acct balance				
Total Income		Total Expenses		

Transportation:

Car Information: Model: _____ Year: _____

Does the car belong to you? _____

**Frisco Family Services Center
Frisco Parks and Recreation**

**POLICIES
PLEASE READ BELOW AND SIGN**

Release of Information

I hereby authorize the release of information to Frisco Family Services Center (FFSC) in order to receive the assistance I am requesting. I further certify that the information I have stated is true and correct and that all income is reported. I understand FFSC may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance/services.

I give permission for Frisco Family Services Center to discuss issues related to this request case with other agencies, government entities, businesses, churches, attorneys, organizations, societies, hospitals, medical personnel, individuals, and any others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information is treated as confidential information by Frisco Family Services Center.

I have read, understood, and agree to the policies described above as they relate to services provided by Frisco Family Services Center and Release of Information.

Signature

Date

FFSC Mission Statement: To provide social services to individuals and families in need and assist them in becoming productive members of the Frisco community.

In accordance with federal law and USDA policy, FFSC is prohibited from discriminating on the basis of race, color, national origin, gender, age, religion, political beliefs, sexual orientation, or disability. (Not all prohibited bases apply to all programs.)

Frisco Family Services Center

Frisco Parks and Recreation

8780 Third St. • Frisco, TX 75034
972-335-9495

The following documentation **MUST** accompany your **COMPLETED** application. It is only necessary to provide copies of one **current month** of expenses and income.

THE FOLLOWING INFORMATION IS REQUIRED:

- Completed application with signature

Proof of Current Address (Please attach the paperwork that applies to your living situation)

- Current Lease
- Section 8 Papers
- Current mortgage contract or coupon

Identification for All Household Members (Please attach at least one form of ID for each member of your household. Driver's license, state ID and social security cards are preferred.)

- Driver's License
- State ID Card
- Passport
- School ID Card
- Social Security
- Birth Certificates

Proof of All Income (Please attach all that apply to your household.)

- 2 most recent paycheck stubs from each employed person in your household (include new and terminated employment)
- Unemployment eligibility notice/compensation stubs
- Child support statement
- Social Security/SSI current grant notice of benefits
- Food Stamps/Medicaid Letters/TANF letter showing how much received or denial letter.
- Self-Employment Records (Last year's Tax forms)
- Current bank statement

Proof of All Expenses (Please attach all that apply to your household.) **(MUST PROVIDE CURRENT STATEMENTS WITH DETAILED INFORMATION. DISCONNECTION NOTICES WILL NOT BE SUFFICIENT)**

- Rent/Mortgage payment
- CURRENT** Utility bills including electric, water, gas, cable, phone and cell phone
- Child care
- Car payments
- Car insurance
- Health insurance
- Credit card payments
- Car repair bills
- Any other loans or items that affects income

Documentation on Unique Circumstance

- Police/fire reports
- Paid receipts for unusual expenses
- Hospital/emergency care bills
- Proof of Unemployment