

Cody Recreation Foundation Scholarship Application

P.O. Box 1531 Cody, WY 82414

(307) 527-3493

Scholarship # _____
 Date Received _____
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- ✓ Scholarships will be based on family or individual income, family size, and financial need.
- ✓ Scholarship applicant(s) must be residents of Park County School District #6.
- ✓ Each application will be assessed individually and there is no assurance of qualification.
- ✓ Scholarship applications are kept strictly confidential.
- ✓ Registered Sex Offenders and convicted felons will NOT be considered.
- ✓ Applicant(s) must re-apply when their scholarship expires.
- ✓ Applicant(s) must provide a written summary of what they expect to achieve at the Recreation Center.
- ✓ Applicant(s) must include a copy of their most recent IRS tax form OR proof of income such as Social Security or child support.
- ✓ Incomplete applications will NOT be considered.

APPLICANT(S) NAME:

Permanent Address: _____
 _____ City/State _____

How long have lived in Cody/Park County? Years: _____ Months: _____

Previous Address: _____
 _____ City/State _____

Email address: _____ Home Phone _____ Cell _____
 Phone _____

Scholarship applicant(s) must be residents of Park County School District #6.

List all person(s) living at the above address (include self) that you wish to be considered for a scholarship. Scholarships will be based on family or individual income, family size, and financial need. A family is defined as any immediate family member residing within the same household that is being claimed according to I.R.S. guidelines.

	Adults (over 18)	Children	(age)

II. EMPLOYMENT AND INCOME STATUS: (List all types of income into the household per month /per person)

<i>Income Source</i>	<i>Amount</i>
• Employer: _____	\$ _____ / month
• Unemployment _____	\$ _____ / month
• Child Support _____	\$ _____ /month
• SSI Disability _____	\$ _____ /month
• SSI Supplement _____	\$ _____ /month
• Other _____	\$ _____ /month
<i>DFS Benefits/Income</i>	<i>Amount</i>
• Food Stamps _____	\$ _____ /month
• Other _____	\$ _____ / month
• Medical Yes _____ No _____	

Please remember to provide proof of income

III. APPLICANT(S) PERSONAL INFORMATION:

Is anyone listed on this application a registered Sex Offender? Yes _____ No _____ Convicted of a felony? Yes _____ No _____
REGISTERED SEX OFFENDERS AND CONVICTED FELONS WILL NOT BE CONSIDERED.

