

# Cody Recreation Foundation Scholarship Application

## P.O. Box 1531 Cody, WY 82414

### (307) 527-3493

Scholarship # \_\_\_\_\_  
 Date Received \_\_\_\_\_  
**LIC**

- ✓ 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>	
• 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.**

**VI. ADDITIONAL INFORMATION:** Please provide additional information concerning your scholarship request, including why participation is desired, special circumstances, medical conditions, goals, etc. Applicant(s) must provide a written summary of what they expect to achieve at the Recreation Center.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

I agree that the information and results of this application are confidential and will not be discussed with third parties. I understand and agree that breaching the confidentiality agreement means the Scholarship Committee can terminate any approved scholarship amounts or refuse to approve future scholarship requests. I certify that all information provided on this application is true and correct. I understand that I may be required to verify information given.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**\*Please remember to provide proof of income\***