



**CITY OF PEORIA  
YOUTH SCHOLARSHIP PROGRAM  
COMMUNITY SERVICES DEPARTMENT**

## How Can My Child Participate In the Scholarship Program?

### Overview

The City of Peoria Community Services Department offers recreation programs which are supported by user fees paid by participants for each program in which they register. The Community Services Department is committed to making its programs accessible and affordable to all the citizens of Peoria. The Youth Scholarship Program enables the Community Services Department to fulfill this commitment.

### Eligibility Requirements

To qualify for reduced fees, the parent(s) or legal guardian(s) of the participant must meet the following guidelines:

1. Participate in a state or federal assistance program:
    - Aid to Families with Dependent Children (AFDC)
    - Supplemental Security Income (SSI)
    - Supplemental Security Disability Insurance (SSDI)
    - Women, Infants, & Children (WIC)
    - Reduced Lunch Program/Free Lunch Program
    - Subsidized Housing (HUD)
    - Department of Economic Security (DES)
    - State Foster Care Program
- OR**
2. Annual Income within federal HUD-low-income guidelines.

### GUIDELINES

- ◆ Four requests per youth per calendar year or \$150 per youth per calendar year.
- ◆ Scholarships are for youth, ages 18 and younger.
- ◆ The Youth Scholarship Program is limited to City of Peoria residents only. Proof of residency is required. (water bill, drivers license, etc.)
- ◆ All participants in the Youth Scholarship Program must pay a minimum of \$2 per program to be registered.
- ◆ Scholarships are issued for registration fees only, all supplies and other costs are the participant's responsibility.
- ◆ Parents whose annual income falls within federal HUD low income guidelines will be considered for scholarships in the following increments: 20%, 40%, 60% & 80%
- ◆ Documentation of guardianship, participation in a state or federal assistance program and/or annual income must be supplied before a scholarship may be awarded. Documentation for annual income must be from the previous year's Federal and State income with attached W-2 wage statement tax forms. Documentation is valid for one calendar year (January –December).
- ◆ Peoria Youth Scholarships are not available for DES funded programs such as the AM/PM Program and Summer Camp. Contact DES at (623) 846-1046 to find out more information on how to apply for assistance through their agency.
- ◆ Special cases will be reviewed on an individual basis.



## Youth Scholarship Application

PARENT OR GUARDIAN NAME		RELATIONSHIP TO CHILD	
PARENT'S OR GUARDIAN'S ADDRESS			
STATE	ZIP	PHONE (HOME)	PHONE (WORK)
FAMILY'S MONTHLY GROSS INCOME (ALL SOURCES) HOLD		NUMBER OF ADULTS IN HOUSEHOLD	NUMBER OF CHILDREN IN HOUSEHOLD
<b>REQUESTED SCHOLARSHIP</b> Have you used this program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PARTICIPANT'S NAME		PARTICIPANT'S NAME	
ACTIVITY	FEE	ACTIVITY	FEE
PARTICIPANT'S NAME		PARTICIPANT'S NAME	
ACTIVITY	FEE	ACTIVITY	FEE
PARENT'S/GUARDIAN'S SIGNATURE		DATE	

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### FOR OFFICE USE ONLY

Total amount of requested Scholarship                      \$ _____	Type of Documentation provided:
Fee Structure:	<input type="checkbox"/> Aid to families with dependent children (AFDC)
<input type="checkbox"/> \$2	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> 20%	<input type="checkbox"/> Supplemental Security Disability Insurance (SSDI)
<input type="checkbox"/> 40%	<input type="checkbox"/> Women, Infants & Children (WIC)
<input type="checkbox"/> 60%	<input type="checkbox"/> Reduced Lunch Program/Free Lunch Program
<input type="checkbox"/> 80%	<input type="checkbox"/> Subsidized Housing (HUD)
Amount granted by Department _____	<input type="checkbox"/> Department of Economic Security (DES)
Amount to be paid by Participant \$ _____	<input type="checkbox"/> State Foster Care Papers
APPROVED BY _____	<input type="checkbox"/> Tax Return - Year _____
DATE _____	<input type="checkbox"/> Guardianship Papers
	<input type="checkbox"/> Other _____