

Scholarship Guidelines/Eligibility

The scholarship program is available to Pasco County Residents ages 5 to 13 years of age. The Florida Income Eligibility Guidelines for Free and Reduced Price Meals, from the Pasco County School Board, are the guidelines utilized by the Parks, Recreation & Natural Resources Department for awarding scholarships.

To be considered for scholarship assistance, applicants must meet the following requirements:

- Parent, legal guardian, or custodian must provide two proofs of identification that verify they reside in Pasco County.
- Letter from school confirming current eligibility in the Florida free or reduced price meal program.
- A one page letter from the child expressing why participation in the program is important to them. Parents may complete the letter for children who are too young to write.
- Complete the Resident Scholarship Application form and deliver to or send to the attention of:

Pasco County Parks, Recreation & Natural Resources Department Scholarship Program
4111 Land O' Lakes Blvd., Suite 202
Land O' Lakes, FL 34639-4402

Additional Information

- All supporting documents must accompany the application for the request to be considered. Incomplete applications, will be denied.
- Requests are handled on a first-come, first-serve basis.
- **Scholarship approval does not guarantee enrollment** into the Summer Day Camp program — applicant must follow the registration procedure for the program.

- Applications will be accepted beginning March 15th through March 30th. Applications post marked after March 30th will not be accepted. Scholarship recipients must register at their site of approval by April 30th.
- Applicants that qualify for **free** lunch will receive **75%** off the price of their requested camp. Applicants that qualify for **reduced** lunch will receive 50% off the price of their requested camp.
- Limit 1 camp program per child per calendar year. Limit 2 children per family per calendar year. Family benefit limit may not exceed \$100 in a calendar year.
- Eligible programs are the Pasco County Parks & Recreation Department's Summer Day Camp program.
- Scholarships granted only if funds are available.
- Applicant receiving scholarship funds from another agency will not be eligible for a scholarship.
- All other possible scholarship opportunities may be relinquished if a scholarship recipient does not show up for a program with out notice.
- **We thank the scholarship recipients and their parent/guardians for abiding by all rules and regulations and for always displaying appropriate behavior, acting in a courteous respectable manner while participating in County-sponsored activities.**



Pasco County

Parks, Recreation & Natural Resources Department
4111 Land O' Lakes Blvd., Suite 202
Land O' Lakes, FL 34639-4402
Phone (813) 929-2760



Pasco County Parks, Recreation & Natural Resources Department Resident Youth Scholarship Application

IT STARTS IN
PARKS
Coaching. Connecting. Community.

Pasco County Parks, Recreation & Natural Resources Department

Resident Scholarship Application



Applicant's (Parent/guardian's) Name(s): _____ Phone Number: () _____ - _____ Email Address: _____
 _____ Phone Number: () _____ - _____ Email Address: _____
 Address: _____ City: _____ State: _____ Zip: _____

Please list child twice if applying for two programs.

*Child's Name: _____ Age: _____ D.O.B.: ___/___/20___ Program Site Applied For: _____ Cost Per Week: \$ _____
 Number of Weeks Attending: _____ Total Cost of Camp Before Scholarship: \$ _____ Program Dates: _____ to _____

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 Number of Weeks Attending: _____ Total Cost of Camp Before Scholarship: \$ _____ Program Dates: _____ to _____

Number of Persons in Household: _____

Household Gross Income before taxes and other deductions: \$ _____

Checklist of requirements (below)

1. I have supplied paperwork confirming I qualify for **free** lunch through Pasco County Schools –OR–
 I have supplied paperwork confirming I qualify for **reduced** lunch through Pasco County Schools.
2. _____ and _____ are my two forms of identification verifying Pasco County residency.
3. My one page letter expressing why this program is important to the participant is included.

—\$100 limit per family—

Office use only

***Date Received: ___/___/20___

*Site/Cost: _____/_____ 75% / 50% reduction of Cost = \$ _____. Scholarship amount is: _____ OR \$100.00 Applicant owes \$ _____

*Site/Cost: _____/_____ 75% / 50% reduction of Cost = \$ _____. Scholarship amount is: _____ Applicant owes \$ _____

Scholarship Grand Total: _____ Applicant Grand Total: \$ _____

Authorized Staff Signature: _____ Print Name: _____ Title: _____ Date: _____