



City of Kissimmee Parks, Recreation & Public Facilities Scholarship Application

Please fill out a separate application for each child. Incomplete applications are not accepted.

Date: _____

Name of Scholarship Applicant: _____

Age: ____ Birth Date: ____ / ____ / ____ School: _____ Current Grade: ____

Address: _____

City / State / Zip: _____

Home Phone: (____) _____ E-mail: _____

Parent/Legal Guardian Name: _____

Cell Phone: (____) _____ Work Phone: (____) _____

Additional Parent/Legal Guardian Name: _____

Cell Phone: (____) _____ Work Phone: (____) _____

Have you ever participated in any programs with City of Kissimmee Parks, Recreation & Public Facilities?

Yes No

Scholarship requested for the following program: _____

Program Code Number: _____

Program cost: \$ _____ Amount Requested (Up to 50% of fee or maximum of \$100): \$ _____

Please Note: Applicant is responsible for 50% of the program cost at the time of registration

I am attaching the following documentation as proof of eligibility. (Photo Copies are accepted)

- Osceola County residency verification (driver's license, voter's registration, current utility bill with address.
- Completed Program Registration Form

One of these final two are required:

- Eligibility Letter from Osceola County Schools for the Free or Reduced Lunch Program. (Applicable dates must be included in the letter.)
- Most recent income tax return, verifying Adjusted Gross Family Income and number of family members/dependents.

I attest, under penalty of perjury, that the document(s) attached are genuine and that all information provided in this application is accurate and reflective of my current existing financial situation.

Parent/Legal Guardian Signature: _____ Date: ___ / ___ / ____

Complete and return this application with documentation and program registration form to:

City of Kissimmee
Oak Street Park Community Center
717 N. Palm Avenue
Kissimmee, FL 34741
407-847-2388

For Office Use Only

Date/Time Received: _____

Eligibility documentation provided/verified:

- OCS Reduced Lunch Letter
- Current income tax return providing AGI
- Residency documentation (_____)

Scholarship has been:

- Approved for Partial Funding in the amount \$ _____ (co-pay)
- Denied

Comments: _____

Director/Designee Signature: _____ Date ___ / ___ / ____