



All the applicants must register their children at the time that this application is presented. Email address required to be notified of Build-A-Dream updates!

City of Arlington
Parks & Recreation Department 717 W. Main, Arlington, Texas 76013

Build-A-Dream Scholarship Application

Date to turn application in is Thursday, February 12, 2015

Fill out this form completely. Please print. Must include the \$5.00 processing fee, which is **non-refundable**. For questions regarding this application please call the Parks and Recreation Department at 817-459-5488

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T NAME	First			D			ОВ	M□ I
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ne Number: Hoi	ne ()		Bu	ısiness ()			
	,			_				
d of Household:	M F	_ Age	Total nu	mber of peop	ole in house	hold:		
al Household	Income: \$		□ weekly	□ bi-we	eekly 🗆	monthly	□ annua	I
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			_	-			M/F	Hispanic Y / N
ld 1:_First Name:								•
ld 2: First Name:								Hispanic Y / N
ld 3: First Name:				Birthdate:				Hispanic Y / N
d 4: First Name:		Las	t Name:	Birthdate:			M / F	Hispanic Y / N
d 5:_First Name:	5:_First Name:		Last Name:Birthdate:			M / F	Hispanic Y / N	
	Race: Check	k appropri	iate box. Ple	ase compl	ete for ea	ch child a	bove.	
		RACE			Child 2		Child 4	Child 5
	White							
9 e	Black/African American							
	Asian American Indian/Alaskan Native							
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I certify that all of the information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Client Signature Date Staff Signature Date





Arlington Parks & Recreation Department Manual Registration Form

Registration Site: _	CSR:	Date:	Date:		
SELF, PARENT or GUARDIAN	: (please print)				
Last Name:	First Name:	Birt	Birth date:		
Street Address:	City:	State:	Zip:		
Home Phone:	Work Phone:	E-Mail:			
FAMILY MEMBERS: (please p	rint)				
First Name	Last Name	Male Female	Birth Day		
REGISTRATION INFORMATION	ON: (please print)				
Participant's First Name	Activity Name Class Code S	tart Date Time of Day	Location Fee		
FACILITY CARDS: (please pri building use (Expires 1 year fron	nt. Cards are required for all courses, on the date of purchase)	gym activities, weight room r	nemberships, and		
Participant's First Name	Membership Type	Fee			
		Total:			
Payment Method: Cash					
☐ Check #(Pa ☐ Credit Card ☐ Vi	yable to <i>City of Arlington</i>) sa	☐ AMEX			
Customer Signature:					



City of Arlington Parks and Recreation Department Build-A-Dream Scholarship Program Guidelines

Dream Scholarship funds will be distributed equally among the families applying. The scholarship award will be \$75 per child with a maximum of 2 children per family for a maximum of \$150 per family.

FORMS OF DOCUMENTATION ACCEPTED TO VERIFY ANNUAL INCOME / PROOF OF RESIDENCY

- ✓ Proof of Arlington residency- (current utility bill)
- ✓ 2013 Federal Income Tax Return.

or

- ✓ Current Pay stubs- last four stubs
- ✓ An award letter for government assistance- (Current Medicaid Card, Food Stamp Award Letter within the last 6 months, SSI, CHIPS Insurance Card showing eligibility dates). You will not be disqualified for the scholarship if you do not receive assistance.
 - You will be **required to register** your children in programs at the time you apply for this scholarship.
 Facility Membership Cards are required and must be current to register in recreation programs (except outdoor swimming lessons and special events).
 Facility membership cards are not refundable.
- 1. Scholarships are for structured Youth Programs for youth from **4 months of age to 16 years old,** and <u>cannot be used for facility rentals or adult memberships or classes</u>.
- 2. Dream Scholarships are available to **Arlington residents** only. You will need to provide proof of residency (i.e. utility bill in your name, tax return, apartment lease contract).
- 3. A processing fee of \$5.00 is required with the Build-A-Dream Scholarship Application (non-refundable).
- 4. Credit for classes purchased with Dream Scholarship funds is not refundable.
- 5. A parent must withdraw child from a program 72 hours prior to the start of the first class in order to transfer child to another class. If not, child will remain registered in the program whether or not child attends.
- 6. If a single class is canceled during a session due to the unavailability of a qualified instructor, the customer will receive a coupon for the prorated value of the one class missed. This coupon shall be valid for one-year from the date of issue.
- 7. If a suitable replacement instructor is not available, and multiple classes must be canceled, the <u>dream credit</u> will be left on customer account until July 30, 2015.
- 8. All Dream credits will be removed from customer accounts on Friday, July 31, 2015.