

**STARKE RECREATION DEPARTMENT - SCHOLARSHIP**

**502 N. Temple Ave.**

**Starke, FL 32091**

**(904) 964-6792**

**2008 Recreation Summer Day Camp or Kiddie-Day Camp**

*(This Scholarship application must be completely filled-out to be considered. One Application per child.)*

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Work Place: \_\_\_\_\_ Work Place Phone #: \_\_\_\_\_

Mother's Work Place Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Work Place: \_\_\_\_\_ Work Place Phone #: \_\_\_\_\_

Father's Work Place Address: \_\_\_\_\_

Family Yearly Income(Adjusted Gross Income): \$ \_\_\_\_\_ (Please Provide Proof of Income)

List the names and ages of all the brothers and sisters in the household:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does this child receive any special income, such as SSI, Public Assistant from the State or Federal Government or was eligible for Free Lunch this past school term? \_\_\_\_\_

If so, give the name of the provider? \_\_\_\_\_

Parent (s) Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**For Use only by the Recreation Department Staff and/or Board Members:**

Not Approved: \_\_\_\_\_; (Approved: \_\_\_\_\_ Amount \$ \_\_\_\_\_)