

# PARSONS RECREATION COMMISSION

## Umbarger/Betts Family Memorial Scholarship Program Guidelines

**Purpose:** The goal of Parsons Recreation Commission is to offer recreational opportunities that are affordable to all. The Umbarger/Betts Scholarship Program is designed to facilitate recreational opportunities for individuals and families in the USD 503 district with demonstrated financial needs. The scholarship is designed for children age 17 and under and can be used for most programs.

### **Who Qualifies:**

To be eligible for the scholarship program, families must be living in the USD 503 district and show proof of receiving free/reduced lunch, KanCare, WIC, TANF or other forms of public assistance, as well as proof of residency.

Some families may be asked to pay a portion of the activity fee, if their household income meets certain levels of the Federal Poverty Guidelines. (Please see income guidelines on the next page).

- 0-150% No fee required (up to \$100 per person per calendar year)
- 151-200% 50% of the activity fee required ( up to \$100 per person per calendar year)

### **How the Program Works:**

Families living in the 503 school district may receive up to \$100 in scholarships per person, per year, while funding is available.

Complete a scholarship application and present it in person to the Arvon Philips Community Center staff as well as current documentation from the agency which administers your assistance and proof of residency.

**Residency –** Applicants can prove eligibility by providing a picture ID matching the name on a utility bill.

**Low Income Determination –** Applicants can prove eligibility by providing proof receiving free/reduced lunch, KanCare, WIC, TANF or other forms of public assistance.

Completing a scholarship application does not register a child for a program. We will register your child once scholarship amount is approved and any balance owed is paid. You will receive notification when a decision is reached on the scholarship.

Scholarships will not be available to those who do not provide all the above requested information.

# 2021 FEDERAL POVERTY LEVELS

Size Of Household	100%	138%	150%	200%	205%	250%	300%	400%
1	\$12,760	\$17,609	\$19,140	\$25,520	\$26,158	\$31,960	\$38,280	\$51,048
2	\$17,240	\$23,791	25,860	\$34,480	\$35,342	\$43,100	\$51,720	\$68,960
3	\$21,720	\$29,974	\$32,860	\$43,440	\$44,528	\$54,300	\$65,160	\$86,880
4	\$26,200	\$36,156	\$39,300	\$52,400	\$53,710	\$65,500	\$78,600	\$104,800
5	\$30,680	\$42,338	\$46,020	\$61,360	\$62,894	\$76,700	\$92,040	\$122,720
6	\$35,160	\$48,521	\$52,740	\$70,320	\$72,078	\$87,900	\$105,480	\$140,640
7	\$39,640	\$54,703	\$59,460	\$79,280	\$81,282	\$99,110	\$118,800	\$158,560
8	\$44,120	\$60,886	\$66,180	\$88,240	\$90,446	\$110,300	\$132,260	\$176,480

# PARSONS RECREATION COMMISSION

## Umbarger/Betts Family Scholarship Program

The goal of Parsons Recreation Commission is to offer recreational opportunities that are affordable to all. We attempt to be flexible when it comes to our fees for those who cannot afford to pay full cost. This form must be filled out completely to be considered. All information will remain confidential.

Responsible Adult \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

List ALL adults and children living at the above address, including Yourself:

Name	Grade	Age	Male/Female	DOB	Relationship to Applicant
1. _____	_____	_____	_____	_____	SELF
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____

Total Gross Income: Monthly \_\_\_\_\_ Annual \_\_\_\_\_

*(Please include wages/salary, social security, unemployment, child support, pension/retirement, or other)*

Child's Name \_\_\_\_\_ Program Requested \_\_\_\_\_

Child's Name \_\_\_\_\_ Program Requested \_\_\_\_\_

Child's Name \_\_\_\_\_ Program Requested \_\_\_\_\_

Child's Name \_\_\_\_\_ Program Requested \_\_\_\_\_

Child's Name \_\_\_\_\_ Program Requested \_\_\_\_\_

Please comment on why financial assistance is needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the above statements are true and complete. I understand that PRC may verify the information on the application and that a deliberate misrepresentation of the information will result in forfeiture of assistance and may prohibit future eligibility for the scholarship program.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Staff Use Only:**

Proof of Need Attached \_\_\_\_\_  
Copy of ID attached \_\_\_\_\_  
Proof of Address attached \_\_\_\_\_