



CITY OF MIRAMAR

PARKS AND RECREATION DEPARTMENT

SCHOLARSHIP APPLICATION
SOLICITUD DE BECA
APLIKASYON BOUSDETID

Today's Date / Fecha / Dat: ____/ ____/ ____

The City of Miramar Parks & Recreation recognizes that financial assistance is sometimes necessary. This information is confidential and will not be released to any other party.

El Departamento de Parques y Recreo de la Ciudad de Miramar sabe que existe la necesidad de solicitar ayuda financiera. Su información será utilizada únicamente por la Ciudad de Miramar y no se proporcionará a ninguna tercera parte o entidad.

Vil Miramar Parks & Rekreyasyon rekonèt ke asistans finansye pafwa nesesè. Enfòmasyon sa a se konfidansyèl epi yo pap lage nan nenpòt lòt pati.

Table with 3 columns: English requirements, Spanish requirements, and Haitian Creole requirements. Topics include residency, income, and documentation.

Participant Name / Nombre / Non: _____ Age / Edad / Laj: _____ Grade / Grado / Klas: _____

Participant Name / Nombre / Non: _____ Age / Edad / Laj: _____ Grade / Grado / Klas: _____

Personal Information / Información Personal / Enfòmasyon Pèsonèl

Participant(s) lives with: [] Both Parents / Ambos Padres / Tou de Paran [] Mother / Madre / Manman [] Father / Padre / Papa [] Other / Otro / Lòt

Parent/Guardian Name(s) / Nombre del Padre, Madre o Tutor Legal / Paran oswa non Gadyen Legal: _____

Everyone must pay the applicable activity fee for the camp. Scholarship does not relieve you from payment of the activity fee.



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Todos tienen que pagar el cargo de actividad según lo establecido por el campamiento. La beca aprobada no les hace exento del pago.
Tout moun dwe peye frè aktif ki aplikab pou kan an. Bousdetid pa soulaje ou soti nan peman frè a aktivite.

Please check criterion provided: plus attach proof of residency.

(Other financial verification will be handled on an individual need basis as determined by a Recreation Supervisor):

TANF Benefits Award Letter Medicaid Coverage Food Stamps Section 8 Housing Choice Voucher

Supplemental Security Income (SSI) Award Letter Social Security Disability Insurance (SSDI) Award Letter

Housing Assistance Voucher Other: _____

Sch. Approved: YES _____ NO _____ Approved By: _____