Silverthorne Recreation Center Program Scholarship Application

Program Scholarship Overview

The Silverthorne Recreation Center offers a variety of programs for adults and children, welcoming all community members to participate. Program Scholarships are available to assist households demonstrating financial need.

- **Scholarship Amount:** $200 per family per year.
- **Eligible Uses:** Silverthorne Recreation Center programs, classes or camps.
- **Expiration of Funds:** Unused funds will expire at the end of the calendar year.

This is a program scholarship application only. The Reduced Rate Membership Program requires a separate application, which is available on Silverthorne.org. E-mail **recscholarships@silverthorne.org** or call **970-262-7370** with any questions.

Application Submission

All scholarship applications must be submitted at least two weeks prior to the registration day or the start date of the requested program. Completed confidential applications may be submitted in person to the Silverthorne Recreation Center front desk or emailed to **recscholarships@silverthorne.org**. **Applicants will be notified of the status of their application via email within two weeks of submission.**

Required Documentation Checklist:

Please complete the form in its entirety; incomplete applications will not be processed. Along with the application, the following must be submitted:

- Proof of income (select one):
  - Two paystubs
  - Self-employment financial statement
  - Letter from your employer verifying income for the last two weeks
- Optional: Any additional documentation that may help the scholarship committee understand the household's financial situation

Household Information

Self or Primary Guardian Name: _____

Spouse or Secondary Guardian Name (if applicable): _____

Your Date of Birth: _____/_____/_____ Spouse's Date of Birth: _____/_____/_____

Physical Address: _____

City: _____ Zip Code: _____

Phone Number: _____ E-mail Address: _____

List all family members below, including parents/guardians and dependents under 23 years of age.

Dependent Name: _____ Date of Birth: _____/_____/_____

Dependent Name: _____ Date of Birth: _____/_____/_____

Dependent Name: _____ Date of Birth: _____/_____/_____

Dependent Name: _____ Date of Birth: _____/_____/_____

Dependent Name: _____ Date of Birth: _____/_____/_____

Dependent Name: _____ Date of Birth: _____/_____/_____

Total number of dependents in household: _____

Income and Financial Information

Please explain why you are applying for a program scholarship: _____

_____

_____

_____

_____

What programs are you interested in: _____

_____

_____

Current enrollment in assistance programs: (Examples: subsidized housing, free or reduced school meals, Aid for Dependent Children, food stamps/SNAP, low-income energy assistance programs or Silverthorne Recreation Center reduced rates.

_____

_____

_____

Is there anything else the scholarship committee should consider when reviewing your application?

_____

_____

_____

Please attach proof of income that confirms your most recent two weeks of pay, as outlined above.

Signing Up for Programs

Program scholarship funds can be used for Silverthorne Recreation Center programs, classes or camps. Applicants can register for these online at **Silverthorne.org/programregistration**.

Visit the Silverthorne Recreation Center in person or contact staff by emailing **recreation@silverthorne.org** or calling **970-262-7370** with any questions about your household account, the login process or if assistance is needed to sign up for programs.

Program Cancellations

If a scholarship recipient is unable to attend a registered program, the recipient must notify the Silverthorne Recreation Center *at least seven days prior* to the program's start date. Failure to notify may result in loss of scholarship funds.

If a program is cancelled by the Recreation Center, the funds will be automatically returned to the household's scholarship account.

Applicant Certification

I certify that all the above information is true and correct, and that all income is reported with income verification attached. I understand that this information is being provided in connection with the receipt of a Program Scholarship or Reduced Rate Membership status, and that Town of Silverthorne employees may verify the information on the application. I acknowledge that deliberate misrepresentation of the information may subject me to prosecution under State and Federal Law.

The Town of Silverthorne Parks and Recreation Department reserves the right to cancel or limit any low-income qualification for non-compliance with established Town Parks and Recreation Department policies, regulations, and rules. All information provided in the above form is private and will be kept strictly confidential. The information above will be used only for determining the qualifications of and the amount for the Silverthorne Recreation Center's Program Scholarship.

_____ _____/_____/_____

Signature of Adult Date of Application