

Jefferson County
Department of Social Services/Youth Bureau
Recreation Scholarship Application Form
2021

Date of Application:	Date Application Approved:	
Name of Youth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Address:	Ethnicity: (for reporting purposes only) <input type="checkbox"/> African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Two or more Races	
Name of Person Making Nomination:		
School/Agency/Organization/Municipality You Represent:		
Address:		
Phone:	E-mail:	
<p>The nominated youth must meet ALL of the following criteria. Please check all that apply:</p> <p><input type="checkbox"/> Under the age of 21</p> <p><input type="checkbox"/> A current resident of Jefferson County or attending school in Jefferson County</p> <p><input type="checkbox"/> Determined to have documented financial need due to ONE OR MORE of the following:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Eligible for food stamps (family or youth)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Receiving free or reduced school lunch program (<i>does not apply for Watertown City School District</i>)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Family receiving Public Assistance</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other need, please explain:</p>		
<p><input type="checkbox"/> Determined to meet the definition of high risk due to ONE OR MORE of the following (please check all that apply):</p> <p style="margin-left: 20px;"><input type="checkbox"/> Child's parents are unable (may be temporary situation) to provide adequate parent support due to crisis situation, such as military deployment, incarceration, active alcoholism or drug abuse, serious illness, etc.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Child is victim of abuse or neglect</p> <p style="margin-left: 20px;"><input type="checkbox"/> Child has limited or poor role models or peer involvement</p> <p style="margin-left: 20px;"><input type="checkbox"/> Child is on probation or has an older sibling on probation</p> <p style="margin-left: 20px;"><input type="checkbox"/> Older brother or sister is pregnant or parenting teen</p> <p style="margin-left: 20px;"><input type="checkbox"/> Older sibling dropped out of school</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other, please explain:</p>		

Why does the youth need scholarship assistance?

How will the activities funded by the scholarship have a positive impact on the youth?

What activities and/or equipment will the scholarship purchase?

List specific costs to be covered by this scholarship:

NOTE: Along with this nomination form, you must submit documentation from the vendor showing that the requested amount is the current and accurate cost. This may include a brochure, program flyer, or statement on letterhead from the vendor as to the cost.