

Scholarship Program Information

The mission of the Kirksville Parks and Recreation Department is to improve the lives of all Kirksville citizens, maintain high quality parks and facilities, offer exceptional programming, and enrich the identity of this community through special events.

The Kirksville Parks and Recreation Scholarship Program was established with the primary goal of promoting accessibility and inclusivity within our community by providing assistance towards financial barriers that may prevent some individuals and families from participating in our diverse range of recreational activities and programs.

ELIGIBILITY

To be eligible for a scholarship **you must reside within the city limits of Kirksville** and meet the household size/yearly income requirements. Applicants meeting the eligibility guidelines are awarded a 50% scholarship on programs and events.

Household Size	Annually	Monthly	Weekly
1	\$ 26,973	\$ 2,248	\$ 519
2	\$ 36,482	\$ 3,041	\$ 702
3	\$ 45,991	\$ 3,833	\$ 885
4	\$ 55,500	\$ 4,625	\$ 1,068
5	\$ 65,009	\$ 5,148	\$ 1,434
6	\$ 74,518	\$ 6,210	\$ 1,434
7	\$ 84,027	\$ 7,003	\$ 1,616
8	\$ 93,536	\$ 7,795	\$ 1,799
For each additional person add:	\$ 9,509	\$ 793	\$ 183

INSTRUCTIONS

Please complete the attached application ensuring all fields are completed to the best of your ability. Attach a copy of your supporting documentation and return to the Kirksville Parks and recreation office located at the Kirksville Aquatic Center, 801 E. Mill St. Kirksville, MO 63501. All information will remain confidential. Submitted materials will not be returned.

EXAMPLES OF SUPPORTING DOCUMENTS (Please provide one)

PREFERRED

Current years Free or Reduced Meals School Letter

OTHER

- Previous years Federal Tax Return Form1040 or 1040A
- Supplemental Security Income Letter

SCHOLARSHIP APLLICATIONS MUST BE APPROVED PRIOR TO REGISTRATION

A scholarship application alone does not register the participant, nor does it reserve space in a program. Registrations are processed in the order received. You will be notified once your application for scholarship has been reviewed.



Staff Name:

Scholarship Application

PLEASE	ATTACH CO	PIES OF SU	JPPORT	TING	DOCUMEN	TS TO THE	SCHOLAF	RSHIP APPL	LICATION		
FREE OR I	REDUCED S	CHOOL ME	EALS L	ETT	ER	SSI LETTE	R	TAX RETU	JRN		
LIST OF HOUSEHOLD MEMBERS											
Parent/Guardia	dian Last Na	Name Date of Birth									
Household Memb	er First Name		Househ	old M	ember Last N	lame	Date of Birth				
		С	ONTAC	T IN	IFORMATI	ON					
Name:											
Address:			City:			Sta	State: Zip:				
Cell Phone:			E-mail Address:		State:						
Household Size:				Yearly Household Income Before Taxes: \$							
Household Olze.				I Ca	ily Housello	id ilicollie b	CIOIC TAXE	3. ψ			
	QUALIFYIN	IG INCOM	E GUII	DELII	NES FOR S	CHOLARSH	IP PROGR	AM			
Household Size	1	2	3	}	4	5	6	7	8		
Annual Income	\$26,973	\$36.482	\$45,	991	\$55,500	\$65,009	\$74,518	\$84,027	\$93,536		
		For Eacl	h Additio	onal F	amily Membe	er Add \$9,509	9				
I certify that the aboand I understand the					•	•		-			
time of registration.	at all 1663 fell	iaii iii ig aitei a	Soriolar	Si iip i i	las been appi	led are my n	saporiaibility	and must b	e paid at the		
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Name: Signature:						Date:					
If you have questions			ogram o	or app	lication, or if y	ou are outsid	de qualifyinç	g parameters	s and have		
extenuating circums	tances, pleas	e contact:									
• Email: <u>lcalla</u>	ghan@kirksvil	lecity.com									
	27.1485, ext. #										
 In person 	at the Kirksvi	lle Parks and	Recre	ation	office locate	d at the Kirk	sville Aqua	tic Center			
OFFICE USE ONLY											
Processed Date:	Processed Date: Approved By (print) Initial										
Approved	enied Ex	ception	Comm	ents:							