

Jefferson County
Department of Social Services/Youth Bureau
Recreation Scholarship Application Form
2024-2025

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|---|--|------|
| 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: | |
| The nominated youth must meet ALL of the following criteria. Please check all that apply: | | |
| <input type="checkbox"/> Under the age of 21 | | |
| <input type="checkbox"/> A current resident of Jefferson County or attending school in Jefferson County | | |
| <input type="checkbox"/> Determined to have documented financial need due to ONE OR MORE of the following: | | |
| <input type="checkbox"/> Eligible for food stamps (family or youth) | | |
| <input type="checkbox"/> Receiving free or reduced school lunch program (<i>does not apply for Watertown City School District</i>) | | |
| <input type="checkbox"/> Family receiving Public Assistance | | |
| <input type="checkbox"/> Other need, please explain: | | |
| <input type="checkbox"/> Determined to meet the definition of high risk due to ONE OR MORE of the following (please check all that apply): | | |
| <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. | | |
| <input type="checkbox"/> Child is victim of abuse or neglect | | |
| <input type="checkbox"/> Child has limited or poor role models or peer involvement | | |
| <input type="checkbox"/> Child is on probation or has an older sibling on probation | | |
| <input type="checkbox"/> Older brother or sister is pregnant or parenting teen | | |
| <input type="checkbox"/> Older sibling dropped out of school | | |
| <input type="checkbox"/> Other, please explain: | | |

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.