LAKEWOOD CITY SCHOOLS

COMMUNITY RECREATION & EDUCATION DEPARTMENT

2025 Youth Scholarship Application

Scholarship available for Lakewood Residents Age 17 & Under Only

LAKEWOOD CITY SCHOOLS COMMUNITY RECREATION & EDUCATION DEPARTMENT

PROGRAM OBJECTIVE

To provide Lakewood Children who are Age 17 & Under and residing with their Parent(s)/Legal Guardian in Lakewood the ability to participate in the programs available from Lakewood City Schools Community Recreation & Education Department by giving scholarships of up to $70.00 per child, per calendar year, to those eligible.

ELIGIBILITY

Eligibility for this program is based on the following:

1. Children must reside in Lakewood, Ohio and must reside with their Parent(s)/Legal Guardian.
2. Children must be Age 17 & Under.
3. Total family household income must be equal to or less than the current United States Department of Agriculture Income Eligibility Guidelines. We reserve the right to request proof of income documentation at anytime.

Family is defined as all persons living in the same household who are related by blood, marriage or adoption.

INSTRUCTIONS

1. The Parent(s)/Legal Guardian must complete this form in its entirety.
2. List all family members residing in your household on this application and include the total gross household income that each family member earns (please provide proof of income and residency with completed form).

Parents/Guardians

Address:

Phone Number:

Email Address:

PART 1. HOUSEHOLD INFORMATION

List all family members in your home.

TOTAL GROSS HOUSEHOLD INCOME (You must list everyone in the family earning income - how much and how often)

	NAME	Earning from work before deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income	Check if NO Income
	Example	$ 200/weekly	$ 150/weekly	$ 100/weekly	/	
1		$ /	$ /	$ /	/	
2		$ /	$ /	$ /	/	
3		$ /	$ /	$ /	/	
4		$ /	$ /	$ /	/	
5		$ /	$ /	$ /	/	

FOOD STAMPS - If you receive Food Stamps or OWF - list case number:_____

I herby attest that the above information is true and accurate to the best of my knowledge and belief. I understand that recreation officials may verify all information. I understand that if I purposely give false information, my children may lose scholarship eligibility and I may be prosecuted.

Signature of Parent or Legal Guardian

Phone Number: ***For Office Use Only - Phone Call Made:***

Updated 3/31/2022

Parents/Guardians:
Address:
Phone Number:
Email Address:

Child #1	Birth Date	Age
School:	Grade:	
Program:	Cost:	

Child #2	Birth Date	Age
School:	Grade:	
Program:	Cost:	

Child #3	Birth Date	Age
School:	Grade:	
Program:	Cost:	

Child #4	Birth Date	Age
School:	Grade:	
Program:	Cost:	