

CLARK COUNTY DEPARTMENT OF PARKS & RECREATION

2020 SCHOLARSHIP APPLICATION

(SOLICITUD PARA EL PROGRAMA DE BECA)

| | |
|---|-------------------------------------|
| PARENT NAME <i>(Nombre del padre)</i> : | PHONE <i>(Numero de teléfono)</i> : |
| STREET ADDRESS <i>(Domicilio)</i> : | |
| CITY/STATE/ZIP <i>(Ciudad/estado/código postal)</i> : | |

| FAMILY MEMBER NAMES <i>(Nombres de los Miembros de Su Familia)</i> | RELATIONSHIP TO PARENT <i>(Relación con los padres)</i> | DATE OF BIRTH <i>(Fecha de Nacimiento)</i> |
|--|---|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Signature of Applicant *(Firma del Aspirante)*: _____ **Date***(Fecha)*: _____

OFFICE USE ONLY *(USO OFICIAL SOLAMENTE)*:

Household ID #: _____ **Qualifying Agency:** _____

Site Staff Approval: _____ **Community Center/ Program Site:** _____

Date of Approval: _____ Number of Approved Applicants: _____

Office Staff Approval: _____

APPLICATION RETURNED FOR THE FOLLOWING REASONS:

Missing birth certificate(s) _____ Problem with award letter _____ Applicant not in System _____

Ineligible person (s) on application _____ Other _____