

CLARK COUNTY DEPARTMENT OF PARKS & RECREATION

2019 SCHOLARSHIP APPLICATION

(SOLICITUD PARA EL PROGRAMA DE BECA)

NAME (<i>Nombre</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 APPLICANT <i>(Relación al aspirante)</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 _____