

**City and County of Broomfield
Recreation Services
Scholarship Request Form**

Please read all the information and fill in all the blanks. You must also attach a copy of your most recent federal income tax return (1040) for everyone in the household. Incomplete requests can not be processed.

Date: _____ Name: _____

Street address: _____ Broomfield CO 80020

Day Phone: _____ Night Phone: _____

Class/Program or Activity Name: _____ Code # _____ Cost \$ _____ Participant: _____ <small>(Youth Basketball / Swimming Lessons, etc.)</small>
Class/Program or Activity Name: _____ Code # _____ Cost \$ _____ Participant: _____
Class/Program or Activity Name: _____ Code # _____ Cost \$ _____ Participant: _____ <small>(please use other side if necessary)</small>

Reason for request: _____

List all members in family household

Is anyone in the family currently employed? Yes No

If Yes, Employer Name: _____
Address: _____
Phone: _____

PLEASE ATTACH A COPY OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN (1040) FOR EVERYONE IN THE HOUSEHOLD. NO OTHER FORMS WILL BE ACCEPTED.

(This application and required attachments are confidential information and will be used only for scholarship recommendation by the Recreation Services Director)

Current yearly family income if different than on your attached most recent income tax return \$ _____

Requested by: _____
Signature Date

Administrative Use Only

Date Received: _____ Received By: _____ Location: __BCC/ PDRC__

Percentage to be paid by Participant: _____
Percentage to be paid by City & County of Broomfield: _____
Approved By: _____ Date: _____
Disapproved By: _____ Date: _____