



## **Kristin Armstrong Youth Scholarship**

Boise City Parks & Recreation is proud to offer the Kristin Armstrong Youth Scholarship to qualifying youth participants within our community. This scholarship program is designed to help meet the needs of families within the community to access youth recreational programs and activities at a reduced rate.

### **Who can apply?**

The Kristin Armstrong Youth Scholarship is available to youth under the age of 18. A scholarship application must be submitted by the parent or legal guardian of the child.

### **Where can I receive a Kristin Armstrong Youth Scholarship application?**

Applications can be found online at <http://parks.cityofboise.org/activities,-classes-and-sports/scholarships/> or picked up in person at Fort Boise Community Center, 700 Robbins Road, Boise.

### **How often do I need to apply?**

Scholarships are good for one (1) calendar year, October 1- September 30. All scholarships expire September 30 of each year. A new application and supporting documents must be submitted each year. If your total household income increases during the scholarship period, you are responsible for contacting Fort Boise Community Center about the change and you may be asked to submit a new application and/or supporting documents.

### **When should I apply?**

Please submit applications at least two (2) weeks in advance of the desired program start date.

### **What information do I need to submit?**

- A completed and signed scholarship application
- Proof of income in the form of last year's tax returns, W-2's, or two (2) recent pay statements
- Any additional information that may be requested by the scholarship administrator

### **How do I submit the application?**

Applications can be submitted via mail, fax, email or in person:

#### ***Mail/In Person:***

Fort Boise Community Center  
700 Robbins Road  
Boise, ID 83702

***Fax:*** 208-608-7699

***Email:*** [activities@cityofboise.org](mailto:activities@cityofboise.org)

### **How much can I be approved for?**

Youth participants under the age of 18 are eligible to be approved for a percentage award based on income, up to \$500 per year, per participant.

### **What if I live outside of Boise City Limits?**

The Kristin Armstrong Youth Scholarship applies only to the *resident* portion of the class fee. A non-resident participant is responsible for the non-resident fee along with any portion of the resident fee not covered by the scholarship.

### **Once I am approved, how do I register for programs?**

Scholarship registrations can be made in person at Fort Boise Community Center or over the phone by calling 608-7680. Payment must be made at the time of registration. Currently, scholarship registrations are not available through our online registration site.

### **Who do I contact if I have questions?**

Please contact Fort Boise Community Center at 208-608-7680 with any questions.



# KRISTIN ARMSTRONG YOUTH SCHOLARSHIP REQUEST FORM

**Parks &  
Recreation**

To be eligible for a scholarship, this form must be submitted to our office and approved by the Scholarship Administrator prior to registering for classes. Scholarships are not retroactive. **Please submit your application at least two (2) weeks prior to the class/activity start date.**

Family Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

How many people in your household are you financially responsible for (include self): \_\_\_\_\_

**Please mark your annual household gross income bracket (includes wages, child support, welfare, alimony, all other income).** *If you do not fall into the income criteria brackets, please submit a letter stating why a scholarship is needed based on your circumstantial need.*

\_\_\_ \$14,999 and under    \_\_\_ \$15,000-\$24,999    \_\_\_ \$25,000-\$34,999    \_\_\_ \$35,000-\$44,999    \_\_\_ \$50,000 and over

**Describe why your family would benefit from a scholarship:** Financial and/or circumstantial hardship (i.e. - free and reduced lunch participant, homeless, family hardships, etc.)

**INCOME:**

**PROOF OF INCOME** is required with application for any member of the household who is currently employed (pay stub with pay period indicated, previous year's taxes showing adjusted gross income, proof of unemployment, etc.). Participants may receive \$500.00 per person, per fiscal year. Fiscal year begins with Fall Season.

**ASSISTANCE:**

Please list the **TOTAL MONTHLY** assistance amount received (including from food stamps, child support, Social Security, disability, cash assistance, housing assistance, and any other assistance received). If no assistance is received, please mark N/A. The City reserves the right to ask additional questions about the type, frequency, and amount of assistance/income an applicant receives.

Type of assistance/income: \_\_\_\_\_, dollar amount per month \$ \_\_\_\_\_

Type of assistance/income: \_\_\_\_\_, dollar amount per month \$ \_\_\_\_\_

Type of assistance/income: \_\_\_\_\_, dollar amount per month \$ \_\_\_\_\_

|                          |   |
|--------------------------|---|
| <b>OFFICE USE ONLY</b>   |   |
| <input type="checkbox"/> | Calculated Income:<br>_____                   |
| <input type="checkbox"/> | Apply Funds                                   |
| <input type="checkbox"/> | Contact Family/<br>Award Percentage:<br>_____ |

Please provide each participant's name and date of birth. You do not need to list the programs/activities if unknown at this time. You may refer to BPR Activity Guide (or visit our website [parks.cityofboise.org](http://parks.cityofboise.org)) for the digital edition.

| PARTICIPANT'S NAME | DATE OF BIRTH | Male/<br>Female | ACTIVITY NUMBER | ACTIVITY NAME |
|--------------------|---------------|-----------------|-----------------|---------------|
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Name of person requesting scholarship: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_ Relation to participant: \_\_\_\_\_

**SCHOLARSHIP GUIDELINES**

As a recipient of Boise Parks and Recreation Scholarship program, I agree to the following terms. I understand that non-compliance with the terms could result in forfeiture of future scholarship awards.

1. I agree that my child(ren) will attend all of the classes for the enrolled activities, and I will notify the Scholarship Administrator (located at Fort Boise Community Center) of any absence. Each absence will be evaluated on a case by case basis. Any unapproved absences could result in the forfeiture of the scholarship.
2. I agree to inform the Scholarship Administrator if my child(ren) will not be able to attend a class at least one week prior to the start of class.
3. I agree to inform the Scholarship Administrator about changes to my circumstances and/or financial standing.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Submit to:  
**Fort Boise Community Center**  
Attn: Scholarship Request  
700 Robbins Road, Boise, ID 83702  
Fax: 208-608-7699

Questions? Call 208.608.7680 or email [activities@cityofboise.org](mailto:activities@cityofboise.org)