



# 2024 Youth Class Scholarship Application

## COMMUNITY IMPROVEMENT & SUPPORT PROGRAM FUNDING

City of Davenport - Parks and Recreation Department

In conjunction with the Davenport City Council

The River's Edge – 700 West River Drive, Davenport, Iowa 52802

Monday – Friday 8 a.m. - 6 p.m.

Saturday and Sunday 10 a.m – 4 p.m

Questions – [youthscholarship@davenportiowa.com](mailto:youthscholarship@davenportiowa.com) or 563.328.PARK (7275)

- Youth Class Scholarships via Community Improvement & Support Program funding are available for **Davenport residents only**.
- The total household income must meet federal low to moderate income guidelines to qualify.
- Participants must be under the age of 18.
- **Each child** in the household must have their own application.
- Funds available until exhausted.
- Applications can be returned via email to: [youthscholarship@davenportiowa.com](mailto:youthscholarship@davenportiowa.com) or dropped off in person at 700 W River Drive.

### Applicants Information:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

### Primary Parent/Guardian Contact Information:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Number of People in Household: \_\_\_\_\_ Annual Gross Income \$ \_\_\_\_\_

Total annual gross income (before deductions, taxes, etc.) earned or received. Include income for each member of your household even if the household member is not related. Household income includes all wages, social security, child support, pension/retirement payments, and public assistance, etc. received by all members of the household, regardless of relationship.

*I certify to the best of my knowledge and belief that the information reported above is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.*

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