



# DENTON PARKS AND REC

## Free Camp Scholarship Policy 2023

### I. PURPOSE

The purpose of the policy is to provide guidelines for the application and distribution of Community Development Block Grant (CDBG) funded scholarships for Denton Parks and Recreation (“PARD”) summer camps.

### II. POLICY

The scholarship policy establishes the eligibility requirements, distribution, award level, and guidelines that apply to all PARD programs for which a fee is charged. The Scholarship Program will serve children and youth, ages 3-15 who wish to participate in PARD all-day summer camps. It is the desire of the Denton City Council that scholarships exist to execute the mission of PARD by assisting low-income families and subsidizing costs associated with PARD programs and events, in accordance with guidelines set forth by the City Council.

### III. ELIGIBILITY

- Applicants are required to be City of Denton residents and must provide proof of residency (current DME utility bill, current Denton driver’s license, apartment/housing lease with a driver’s license, or verification of City of Denton Taxing District on CAD).
- Applicants are required to provide proof of Moderate – Extremely Low Income and must provide a copy of the free or reduced lunch approval letter from the Denton Independent School District (DISD) or current year completed IRS tax forms.
- Applicants are required to provide a birth certificate, adoption papers, foster parent agreement, or other court documentation showing the main account holder has legal guardianship over the summer camp participant(s).
- Applicants are required to complete the Self-Certification Income Form.

### FY 2022 Income Limits Summary

#### Dallas, TX HUD Metro FMR Area

Household	Low (80%)	Very Low (50%)	Extremely Low (30%)
1	\$54,550	\$34,100	\$20,450
2	\$62,350	\$39,000	\$23,400
3	\$70,150	\$43,850	\$26,300
4	\$77,900	\$48,700	\$29,200
5	\$84,150	\$52,600	\$32,470
6	\$90,400	\$56,500	\$37,190
7	\$96,600	\$60,400	\$41,910
8	\$102,850	\$64,300	\$46,630

### IV. APPLICATION

Complete the Scholarship Application Form, using one form per family, listing all eligible family members. Provide required documentation for proof of eligible services. Email the information to [scholarships@cityofdenton.com](mailto:scholarships@cityofdenton.com) or bring it to any recreation center. Applications must be completed by a parent or guardian if the recipient is under the age of 18.

Each family may request up to 18 weeks of all-day summer camp and up to 10 days of Kids’ or Teens’ Day Off. This can be split between 2 or more children per family. Families are encouraged to only request the number of weeks necessary.

Scholarship eligibility doesn't guarantee admittance or available space for all programs and events as funding is determined by budget allocations each fiscal year. Scholarship funding is awarded on a first come, first served basis. Incomplete applications cannot be accepted and will delay the review and approval process.

Recreation staff will review all applications for completeness. Applications will be processed within 5 business days after all documentation is received and verified. Applicants will be notified by email of their status after the application has been processed.

## **V. DISTRIBUTION**

Scholarships may be awarded up to the maximum allowed request. However, scholarships are awarded on a first come, first served basis. Due to the limited number of scholarships available, some applications may be awarded a partial benefit.

Recipients of scholarships will be notified by email and phone once they have been awarded a scholarship.

Recipients have 24 hours from notice of award to accept or decline any portion of the awarded scholarship. Failure to provide the above-stated notice will result in the recipient losing the awarded scholarship allocations.

## **VI. PROGRAM GUIDELINES**

Each participant will receive up to a maximum benefit of \$1,290 for All-Day Summer Camp Weeks 1 – 9 and Kids' or Teens' Day Off from July 31 – August 4, 2023. A scholarship credit will be placed on each participants' account.

- **After scholarship approval is awarded, participants are responsible for registering for their selected camp(s) on or after Summer Camp Registration Day. Registration will open April 10, 2023, at 8 a.m.**
- **Scholarship approval does not guarantee a space in any specific summer camp. All registrations are first come, first served.** Participation limits are set for each location due to staffing and transportation and are subject to change.
- Register for camps online at [www.dentonparks.com](http://www.dentonparks.com), by phone, or in-person at any Denton recreation center.

### **Absence Policy**

Free camp scholarship participants must abide by the following attendance and withdraw policies:

- Parents must withdraw campers five (5) business days in advance. Withdraw by calling (940)349-7275, emailing [scholarships@cityofdenton.com](mailto:scholarships@cityofdenton.com), or in person at the Civic Center.
- Any camper missing five consecutive days for which they are registered for without withdrawing from that week of camp, will be dropped from all additional registered weeks of camp. This includes absences due to behavior, illness, vacations, death in the family, school events, or any other personal or family reason. Absences due to illness or injury will require immediate notice and a doctor's note to remain eligible.
- A second violation of the absence policy will result in the participant becoming ineligible to apply for any PARD scholarships or other free or subsidized camp program for a full two years from the date of occurrence.

All scholarships are non-transferable, and they cannot be replaced with additional scholarship funds due to the non-use of the original scholarship.

## **VII. MAXIMUM ELIGIBILITY**

Each family may receive a maximum benefit of \$2,580, which equates to 18 weeks of all-day summer camp and 10 days of Kids' or Teens' Day Off. This benefit can be split between 2 or more children per family. Scholarship funding is available on a first come, first served basis.

## **VIII. TERMINATION**

Scholarship recipients who are found to provide false eligibility information to the City will immediately forfeit their scholarship for this year and remain ineligible for the following two years.

Household accounts that have a past due balance for any PARD program will not be eligible for a scholarship until the balance has been paid in full.



**City of Denton Parks and Recreation  
Free Camp Application 2023**

STAFF USE ONLY	
Completed Application	_____
Date Notified	_____
Date Entered in CivicRec:	_____
Initials	_____

All information below must be filled out to be considered. Proof of residency and proof of eligibility is required with the application.

**HOUSEHOLD INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Children applying for a scholarship (see registration section for maximum benefits):**

First Name	Last Name	Date of Birth
1		
2		
3		
4		

Number in Household Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Length of Residency in the City of Denton: \_\_\_\_\_

Race/Ethnicity: (please write the participant number listed above in the appropriate box)

White	Black/African American	American Indian/Alaskan Native	Asian
Other Multi-Racial:	Black/African American & White	American Indian/ Alaskan Native & White	Asian & White
	Native Hawaiian/Pacific Islander	American Indian/ Alaskan Native & Black	

Ethnicity: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

Household Characteristics: (circle all that apply)

Handicapped/Disabled	Single/ Female Head of Household	Married/Shared Household	Elderly (62 or over)
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**BENEFIT INFORMATION**

The maximum benefit per family is up to **18 weeks** of All-Day Summer Camp and up to **10 days** of Kids' or Teens' Day Off (KDO/TDO). This may be split between any number of eligible participants in the household. If more participants are required for one family, please request an additional sheet.

Please indicate what weeks you would like to receive the benefit for:

2023 Camp Sessions	Participant #1	Participant #2	Participant #3	Participant #4
<b>Select up to 18 weeks total for the below dates:</b>				
Week 1 – May 30 – June 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2 – June 5 – 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3 – June 12 – 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4 – June 20-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5 – June 26 – 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 6 – July 3 – 7 <i>*No Camp July 4</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 7 – July 10 – 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 8 – July 17 – 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 9 – July 24 – 28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Select up to 10 days total for the below dates:</b>				
KDO/TDO July 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KDO/TDO August 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KDO/TDO August 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KDO/TDO August 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KDO/TDO August 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ACKNOWLEDGEMENT**

I certify that the above information is true and correct to the best of my knowledge. I understand that the information will be verified to the extent possible and that the penalty for intentionally providing false information will be the refusal of my child in the City of Denton Camp Free Scholarship. If income falsification is found after camp starts, I will be responsible for retro payment of camp at the set fee of \$130 per week for all weeks attended.

I understand that I will need to provide all required documents to allow my child’s participation in this program.

I understand that I must withdraw my child five (5) business days in advance of a registered camp week by calling (940)349-7275, emailing [scholarships@cityofdenton.com](mailto:scholarships@cityofdenton.com), or in person at the Civic Center. Any camper missing five consecutive days for which they are registered for will be dropped from all additional registered weeks. This policy is in effect even if the absences are due to illness, vacations, death in the family, school events, behavior or any other personal or family reason. If the camper was removed from camp due to the absence policy the previous year the camper will be unable to apply for any PARD scholarships or other free or subsidized camp program for a full two years from the date of second occurrence.

I acknowledge that I have been provided a full copy of the free summer camp scholarship policy. I agree to abide by this policy and follow all summer camp rules and regulations including the attendance and withdraw policies.

\_\_\_\_\_  
Participant or Guardian Signature

\_\_\_\_\_  
Date



# 2022-23 SELF-CERTIFICATION OF INCOME

**INSTRUCTIONS:** This is a statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the household size (as applicable-based on the activity), and the household characteristics for the purpose of income determination. Adult beneficiary members must then sign this form to certify that the information is complete and accurate.

Last Name & First Initial: \_\_\_\_\_

Beneficiary ID (if applicable): \_\_\_\_\_

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

Household Size<sup>1</sup>: \_\_\_\_\_ Annual Household Gross Income<sup>2</sup>: \$ \_\_\_\_\_

<sup>1</sup>Household is defined as all the people in the housing unit that includes related and unrelated.

<sup>2</sup>Income is defined as total anticipated annual gross income of all household members expected in the next 12 months including wages, tips, commission, business income, alimony, child support; and Social Security, AFDC, TANF or other benefits)

Signature and Date: \_\_\_\_\_



Signature above certifies that this information is accurate and agree to provide, upon request, documentation on all income sources to the Agency.

### RACE

- 1. White
- 2. Black/African American
- 3. Asian
- 4. American Indian/Alaska Native
- 5. Native Hawaiian / Other Pacific Islander
- 6. American Indian / Alaska Native & White
- 7. Asian & White
- 8. Black/African American & White
- 9. American Indian/Alaska Native & Black/African Am.
- 10. Other Multi Racial

### ETHNICITY

- Hispanic
- Non-Hispanic

### OTHER

- Female Head of Household
- Disabled

**WARNING:** The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

### FOR OFFICE USE ONLY

Income Definition: Annual Income - HUD 24 CFR Part 5

Household Size: \_\_\_\_\_ Hispanic (Y/N): \_\_\_\_\_

Income Level: (See Table below) \_\_\_\_\_ Disabled Household (Y/N): \_\_\_\_\_

Race Category: (See above) \_\_\_\_\_ Female Head of Household (Y/N): \_\_\_\_\_

Household Size	Middle Income (NMI) +80%	Moderate Income (MI) 80%-50% AMI	Low Income (LI) 50%-30% AMI	Extremely Low Income (ELI) 30% AMI
1	above \$54,501	\$54,500-\$44,351	\$44,350-\$34,101	\$20,450 or below
2	above \$62,351	\$62,350-\$50,701	\$50,700-\$39,001	\$23,400 or below
3	above \$70,151	\$70,150-\$57,001	\$57,000-\$43,851	\$26,300 or below
4	above \$77,901	\$77,900-\$63,301	\$63,300-\$48,701	\$29,200 or below
5	above \$84,151	\$84,150-\$68,401	\$68,400-\$52,601	\$32,470 or below
6	above \$90,401	\$90,400-\$73,451	\$73,450-\$56,501	\$37,190 or below
7	above \$96,601	\$96,600-\$78,501	\$78,500-\$60,401	\$41,910 or below
8	above \$102,851	\$102,850-\$83,601	\$83,600-\$64,301	\$46,630 or below

Signature and Date: \_\_\_\_\_



I certify that this information is complete and accurate. I also certify that source documentation (income backup) may need to be collected by the City of Denton.