



FINANCIAL ASSISTANCE FOR YOUTH PROGRAMS

What assistance is provided?

- 50 percent off registration costs for Austin Parks and Recreation Department (PARC) youth programs.
- Limited scholarship availability for youth that *qualify* for free lunches or attend a *Community Eligibility Provision* (C.E.P) school. See *Scott Johnson Youth Scholarship Terms and Conditions* below for more information.

Who qualifies?

- Youth in Austin city households within that are eligible to get free/reduced school lunches (*See page 4*).
- *Individuals 18 to 22 years of age who receive special education services in school also qualify.*



YOU CAN QUALIFY FOR FINANCIAL ASSISTANCE WITH THE AUSTIN ENERGY™ CUSTOMER ASSISTANCE PROGRAM, AS WELL AS THROUGH ATTENDANCE AT A CEP SCHOOL. SEE ELIGIBILITY DOCUMENTS ON THE NEXT PAGE.

How do I apply?

- Complete and Sign page 3 of this application.
 - *Write clearly, read the Certification Statement and sign (DO NOT TYPE) on the signature line,*
- Include an eligibility document (*see page 2*) or complete the Attestation Section (*see page 4*).
- Take Page 3 and the eligibility document to any PARC youth programming facility.
 - *You can also mail, fax, or email the application.*

Can I apply online (electronically)?

- Yes! Starting November 2023, you can apply **using the webform** at www.austintexas.gov/pardfindaid.
- Prepare PDFs or image files to eligibility documents to upload. You may also attest to income or categorical eligibility when completing online.

How long does it last?

- Financial Assistance approved after October 1 of the year lasts until December 31 two years later.
- Austin Energy™ Customer Assistance Discount Program (AE CAD program) households will auto renewed!

Financial Assistance for Youth Programs Terms and Conditions

- If you wish to complete the form **electronically**, use the webform at www.austintexas.gov/pardfindaid.
- Make sure the application is easily readable and complete.
- Use a street address. P.O. boxes will not be accepted without prior authorization.
- Email addresses will be used to send program information and renewal reminders.
 - *If you do not provide an email address, notices will be mailed to the home address.*
- Complete separate applications for youth(s) at different addresses.
- Attach an eligibility document (*see page 2*). If your child does not receive free or reduced lunches but qualifies for the program, complete the **Attestation Section** (*see Page 4*).

Scott Johnson Youth Scholarship Terms and Conditions



AUSTIN PARKS FOUNDATION

In addition to funds donated by the Austin community through their utility bill, the Austin Parks Foundation provides additional funding for the Scott Johnson Scholarships.

- Scholarships provide up to **\$500** to be used toward participant's registration cost.
- Funds are awarded to individuals and cannot be transferred to another youth.
- Scholarships are limited in number and awarded by lottery in January.
- Qualified applications received October 1 through December 31 will be considered for scholarships the coming January and the following year's January as well.
 - *Applications approved January 1 through September 30 will be considered the following January only.*
- Households with current **REGULAR (permanent)** City of Austin employees will not be considered.
 - *Households with former/retired City employees or active temporary/seasonal staff may apply and be considered.*
- Youth that do not use any scholarship before it expires will not receive scholarships in the future. Email pardinaid@austintexas.gov if you are unable to utilize a scholarship you receive.
- Scholarships expire December 31 of the awarded year and are part of a shared pool of funds. If the pool is used up before December 31, any remaining balance becomes inactive.

The City of Austin is proud to comply with the Americans with Disabilities Act. If you require assistance for participation in our programs or use of our facilities, please contact our Inclusion Services Office at (512) 974-3914.



Return application and eligibility documents to any PARD facility or mail/fax/email to:
MAIL: Austin Parks & Recreation Department Financial Aid Program, 200 South Lamar, Austin, TX 78704
FAX: (512) 469-2957 • **EMAIL:** PARDFinAid@austintexas.gov • **VOICEMAIL:** (512) 974-3911

FINANCIAL ASSISTANCE

Home Address	Apt. No.	City	State	Zip Code

Primary Adult Name	Home Phone	Cell Phone	Work Phone

Secondary Adult Name	Home Phone	Cell Phone	Work Phone

Primary Email Address	Secondary Email Address

Schools Youth(s)* currently attend

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CHECK 'YES' OR 'NO' FOR EACH STATEMENT

Yes No **1) Someone in this household is a current REGULAR (permanent) City Employee.**

Yes No **2) An individual listed below is between 18 and 22 years of age and receives special education services in school. A special education services letter for the individual must be included.**

	Youth Name	Date of Birth ¹	Gender/Gender Identity ²	SJYS Consideration ³
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No

1. You may list participant 18 to 22 years of age who receive special education services in his or her school district. Include the school letter for this participant.
 2. Limit responses to Male, Female, Non-binary, Non-conforming, or Prefer not to answer. Include Trans or Transgender with your answer if appropriate.
 3. Check 'yes' next to youth(s) you would like considered for scholarships. See *Scott Johnson Youth Scholarship Terms and Conditions* for full details.

Application Certification Statement and Signature: Read the statement and sign below.

I certify (promise) I have read and understood this application completely and that the information and eligibility documents I have provided are true. I understand PARD at any time may request additional documents to verify the information I have provided while my child(ren) is/are participating in the Financial Assistance Program. I understand if I provide false information or am unable to comply with a request for documentation, any financial assistance I receive will be revoked and full payment for registration will be required for continued participation. I further understand if I intentionally provide false information, I will be subject to the above penalty, be required to return any scholarship funds received and may also be subject to criminal prosecution.

Primary/Secondary Adult Signature _____ Date _____

Site/Facility Staff: Complete this section with the Date and Time the application and proof of eligibility are received.			
Receiving Staff	Site or Facility	Reception Date	Reception Time
			<input type="checkbox"/> AM <input type="checkbox"/> PM

