



**CLARK COUNTY DEPARTMENT OF
PARKS & RECREATION
2024 SCHOLARSHIP APPLICATION
(SOLICITUD PARA EL PROGRAMA DE BECA)**

PARENT NAME <i>(Nombre del padre)</i> :		PHONE <i>(Numero de teléfono)</i> :
STREET ADDRESS <i>(Domicilio)</i> :		EMAIL <i>(Correo electronico)</i> :
CITY/STATE/ZIP <i>(Ciudad/estado/código postal)</i> :		

FAMILY MEMBER NAMES <i>(Nombres de los Miembros de Su Familia)</i>	RELATIONSHIP TO PARENT <i>(Relación con los padres)</i>	DATE OF BIRTH <i>(Fecha de Nacimiento)</i>

Signature of Applicant *(Firma del Aspirante)*: _____ **Date** *(Fecha)*: _____

OFFICE USE ONLY (USO OFICIAL SOLAMENTE):

Household ID #: _____ **Qualifying Agency:** _____

Site Staff Approval: _____ **Community Center/ Program Site:** _____

Date of Approval: _____ **Number of Approved Applicants:** _____

Office Staff Approval: _____

APPLICATION RETURNED FOR THE FOLLOWING REASONS:

Missing birth certificate(s) _____ Problem with award letter _____ Applicant not in System _____

Ineligible person (s) on application _____ Other _____