

Dunedin for Youth Fund Scholarships 2025-2026 Before/After School Program

- Applications must be filled out by Parents or Legal Guardians using the following guidelines:
 - Application must be completed in ink
 - All fields must be completely filled out
 - All supporting documentation for each parent/guardian must be attached
 - **Incomplete packets will not be accepted or reviewed**
- Scholarships are available to:
 - Children attending Dunedin, Garrison Jones and San Jose Elementary Schools
 - Working, Student or Disabled Parents/Legal Guardians
- Scholarships are based on funds available. No more than 50% of program fees will be awarded.
- The scholarship approval process may take up to ten (10) business days.

Enrollment Options:

- (1) Pay the \$25 registration fee, half of the monthly rate and half of any prorated days to start attending immediately. All forms, documents and applications required.
- OR**
- (2) Submit scholarship application without enrolling, if unable to put money down. This does not reserve your child's spot or guarantee openings. If spots are available, enrollment and payment will occur after scholarship is processed.

Paying Balances:

- Scholarship recipients should expect to owe a balance for their first month and will be notified via email that an award has been applied.
- The remaining balance is due upon receipt of the award email and must be paid prior to their child's attendance.
- This scholarship program will not reimburse prior payments made in full.
- Balances due from the initial enrollment and all subsequent payments can be made using our Online Registration page at: www.dunedin.gov/payonline.

To Make Payments Online:

- Login with your username or 5-digit household number and password. If you have never logged in, you may need to request an access link by emailing registration@dunedin.gov.
- If you do not remember your password, please use the "Forgot Password" button on our Online Registration login page; staff are unable to change passwords.

Please keep this sheet for your records

****Scholarships Available to Dunedin Student s ONLY****

GEORGE J. KOUTSOURAIS DUNEDIN FOR YOUTH SCHOLARSHIP PROGRAM BEFORE/AFTER SCHOOL PROGRAM

Applications must be filled out completely with supporting documentation for all legal guardians attached. Information will be kept confidential and will be used only for eligibility determination. Scholarships will be awarded based on available funds.

	<u>Most recent 8 Weeks of pay stubs or current school enrollment documentation</u>
	<u>Most recent year's tax returns</u> listing the child as a dependent, social security number should be blocked out (if not required to file taxes, IRS Tax Return Transcript showing non-filer status must be attached)
	<u>Child support documentation</u>
	<u>Proof of residency</u> (i.e. Driver's License)
	<u>Government assistance</u> received (i.e. SSI, SNAP, EBT, Medicaid)

Scholarship Guidelines: Please Initial Each Item

- ☐ If choosing to register after a scholarship determination is made, I understand the Parks & Recreation Department cannot reserve a spot for my child in any program. It is highly recommended to register as soon scholarship is awarded to ensure spot in desired program.
- ☐ I understand that my child may not miss more than three days per month. A physician's note or legal documentation is required for any absences that exceed three days per month.

<i>Child's Name</i>	<i>Age</i>	<i>Birth Date</i>	<i>Current Grade</i>

Program Selection: Please list the school your child attends and place an "X" in the boxes below for the corresponding program in which you want to enroll (use child's initials for families with multiple children).

School Site				
VPK Before				
VPK After				
VPK Before/After				
K-5 Before				
K-5 After				
K-5 Before/After				
Turkey Trot Camp				
Jack Frost Camp Wk. 1				
Jack Frost Camp Wk. 2				
Spring Fling Camp				

Parent/Guardian_____ Relationship_____

Address_____ Home Phone #_____

Email Address_____ Parent Birth Date_____

Place(s) of Employment_____ Work Phone #_____

Parent/Guardian_____ Relationship_____

Address_____ Home Phone #_____

Email Address_____ Parent Birth Date_____

Place(s) of Employment_____ Work Phone #_____

Please provide any additional information relating to your request for financial assistance:

I certify that all of the above information is true and correct to the best of my knowledge. I understand that the City of Dunedin reserves the right to verify application information. If information is knowingly omitted/incorrect, scholarship will be revoked. I agree to inform the City of Dunedin of any change in income or family size.

Signature of Parent/Guardian_____ Date of Application_____

Families will be notified via email after their scholarship application has been reviewed. **The approval process may take up to ten business days.**

If application and supporting documentation are incomplete, the application will not be reviewed.

----- OFFICE USE ONLY -----

Date Received by Staff_____

Reviewed by_____ Date_____

Recommendation of Recreation Division:

Approval_____ Disapproval_____ Amount_____

Comments:_____

Approval Signature_____