



**City of Arlington**  
**Parks and Recreation Department**  
**Build-A-Dream Scholarship Program Guidelines**

**Dream Scholarship application dates: August 17, 2009 and February 16, 2010**

Dream Scholarship funds will be distributed equally among the families applying. The scholarship award will be \$65 per child with a maximum of 2 children per family.

- **Please note these significant process changes:**
  - You will be **required to register** your children in programs at the time you apply for this scholarship. We will no longer place credit on your account for future use. Facility Membership Cards are required and must be current to register in recreation programs (except outdoor swimming lessons and special events). Facility membership cards are not refundable.
  - There is no longer a drop box at our facility. You must visit in person on the application day or mail the proper application in advance post marked before the application date. All applications must be complete and signed and include proof of Arlington residency, income verification, and your \$5 processing fee. You must also include your child's registration form.
  - **Applicants may only apply for one scholarship, either August 17, 2009 or February 16, 2010.**
- Scholarships are for structured Youth Programs for youth from **4 months of age to 16 years old**, and cannot be used for facility rentals or adult memberships or classes.
- Dream Scholarships are available to **Arlington residents** only. You will need to provide proof of residency (i.e. utility bill in your name, tax return, apartment lease contract).
- A processing fee of \$5.00 is required with the Build-A-Dream Scholarship Application (**non- refundable**).
- Credit for classes purchased with Dream Scholarship funds is not refundable.
- **A parent must withdraw child from a program 72 hours prior to the start of the first class in order to transfer child to another class. If not, child will remain registered in the program whether or not child attends.**
- If a single class is canceled during a session due to the unavailability of a qualified instructor, the customer will receive a coupon for the prorated value of the one class missed. This coupon shall be valid for one-year from the date of issue.
- If a suitable replacement instructor is not available, and multiple classes must be canceled, the dream credit will be left on customer account until used or removed prior to the next application date.
- All Dream credits will be removed from customer accounts prior to the next application date.

**FORMS OF DOCUMENTATION ACCEPTED TO VERIFY ANNUAL INCOME / PROOF OF RESIDENCY**

- ✓ 2008 Federal Income Tax Return.
- ✓ Current Pay stub
- ✓ An award letter for government assistance- (Medicaid, Food Stamps, SSI, WIC, CHIPS)
- ✓ **Proof of Arlington residency**
- ✓ **AISD Lunch letters will not be accepted**



Arlington Parks & Recreation Department  
Manual Registration Form

Registration Site: \_\_\_\_\_  
CSR: \_\_\_\_\_  
Date: \_\_\_\_\_

**SELF, PARENT or GUARDIAN:** (please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**FAMILY MEMBERS:** (please print)

First Name	Last Name	Male/Female	Birth date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REGISTRATION INFORMATION:** (please print)

Participant's First Name	Activity Name	Class Code	Start Date	Time of Day	Location	Fee
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**FACILITY CARDS:** (please print) Cards are required for all courses, gym activities, weight room memberships, and building use.  
(Expires 1 year from the date purchased)

Participant's First Name	Membership Type	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount Paid \_\_\_\_\_

**PAYMENT:** Make checks payable to City of Arlington

**Payment Method:** (please circle)    Cash    Check    Ck. # \_\_\_\_\_    Master Card    Visa    Discover    American Express  
Cardholder Name: \_\_\_\_\_    Card Number: \_\_\_\_\_  
Customer Signature: \_\_\_\_\_    Expiration Date: \_\_\_\_\_  
CDV Code: (last set of numbers on back of card) \_\_\_\_\_