

**Jefferson County**  
**Department of Social Services/Youth Bureau**  
**Recreation Scholarship Application Form**  
**2025-2026**

Date of Application:		Date Application Approved:	
Name of Youth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Address:		Ethnicity: (for reporting purposes only) <input type="checkbox"/> African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Two or more Races	
Name of Person Making Nomination:			
School/Agency/Organization/Municipality You Represent:			
Address:			
Phone:		E-mail:	
The nominated youth must meet <b>ALL</b> of the following criteria. Please check all that apply:			
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div>             Under the age of 21              A current resident of Jefferson County or attending school in Jefferson County              Determined to have documented financial need due to <b>ONE OR MORE</b> of the following:             <div style="margin-left: 20px;"> <input type="checkbox"/> Eligible for food stamps (family or youth)  <input type="checkbox"/> Receiving free or reduced school lunch program (<u>does not apply for Watertown City School District</u>)  <input type="checkbox"/> Family receiving Public Assistance  <input type="checkbox"/> Other need, please explain:             </div> </div> </div>			
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> </div> <div>             Determined to meet the definition of high risk due to <b>ONE OR MORE</b> of the following (please check all that apply):             <div style="margin-left: 20px;"> <input type="checkbox"/> Child's parents are unable (may be temporary situation) to provide adequate parent support due to crisis situation, such as military deployment, incarceration, active alcoholism or drug abuse, serious illness, etc.  <input type="checkbox"/> Child is victim of abuse or neglect  <input type="checkbox"/> Child has limited or poor role models or peer involvement  <input type="checkbox"/> Child is on probation or has an older sibling on probation  <input type="checkbox"/> Older brother or sister is pregnant or parenting teen  <input type="checkbox"/> Older sibling dropped out of school  <input type="checkbox"/> Other, please explain:             </div> </div> </div>			

Why does the youth need scholarship assistance?

How will the activities funded by the scholarship have a positive impact on the youth?

What activities and/or equipment will the scholarship purchase?

List specific costs to be covered by this scholarship:

***NOTE: Along with this nomination form, you must submit documentation from the vendor showing that the requested amount is the current and accurate cost. This may include a brochure, program flyer, or statement on letterhead from the vendor as to the cost.***