



Town of Windsor Parks, Recreation & Culture Department

250 N. 11<sup>th</sup> St. | Windsor, CO 80550 | 970-674-3500 | [windsorgov.com](http://windsorgov.com)

## 2025-2026 Guidelines for Severance Youth Scholarship Application

The Town of Windsor Parks, Recreation & Culture Department has established a program to make recreation activities available to Severance residents who have demonstrated financial need. This program is funded through generous donations from the United Way of Weld County. This program is available only to Severance residents under 18 and *can only be used if funds are available*. Persons meeting the qualifications as established below will receive assistance with their registration fees, *up to \$100 per person under 18, per year (May 1 – April 30). The amount awarded is the maximum amount and will only be available for use if funds are available*. Funds are not transferable between members of the household and may be used for youth activity registrations only. Funds may not be used for point-of-sale items, daily tokens, facility rentals or CRC Memberships.

To qualify for reduced fee consideration, the following guidelines must be met\*:

1. Income within federal low income guidelines (as shown below), and participation in state or federal assistance program (as listed on the application).
  - a. If you receive assistance through any county, state, or federal program(s), you must provide current verification specifying an expiration date.
  - b. A copy of your full **2024** tax return, **including all schedules and proof of IRS transmittal page must be attached to this application. Only dependents that are listed on your tax form will be eligible to participate in this program.**
2. Proof of residency within the Town of Severance will require a property tax certificate, Town of Severance utility bill, or current rental agreement.

\*We are Foster Friendly – Reduced Fees are available to foster children under 18.

2025 Poverty Guidelines as provided by the U.S. Department of Health & Human Services  
(Medicaid.gov poverty guidelines table)

| Persons in family                | 100% of Funds<br>\$100 | 75% of Funds<br>\$75 | 50% of Funds<br>\$50 |
|----------------------------------|------------------------|----------------------|----------------------|
| 1                                | \$0 - \$15,651         | \$15,651 - \$23,470  | \$23,471 - \$31,300  |
| 2                                | \$0 - \$21,150         | \$21,151 - \$31,720  | \$31,721 - \$42,300  |
| 3                                | \$0 - \$26,650         | \$26,651 - \$39,970  | \$39,971 - \$53,000  |
| 4                                | \$0 - \$32,150         | \$32,151 - \$48,220  | \$48,221 - \$64,300  |
| 5                                | \$0 - \$37,650         | \$37,651 - \$56,470  | \$56,471 - \$75,300  |
| 6                                | \$0 - \$43,150         | \$43,151 - \$64,720  | \$64,721 - \$86,300  |
| 7                                | \$0 - \$48,650         | \$48,651 - \$72,970  | \$72,971 - \$97,300  |
| 8                                | \$0 - \$54,150         | \$54,151 - \$81,220  | \$81,221 - \$108,300 |
| For each additional member, add: | \$5,500                |                      |                      |



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## 2025-2026 Application for Severance Youth Scholarship

PLEASE PRINT LEGIBLY

|              |  |
|--------------|--|
| Today's Date |  |
|--------------|--|

### Applicant Information

|                |            |               |        |
|----------------|------------|---------------|--------|
| Last Name      | First Name | Birth Date    | Gender |
|                |            |               | M F    |
| Street Address | City       | State         | Zip    |
|                |            |               |        |
| Home Phone     | Cell Phone | Email Address |        |
|                |            |               |        |

Please list ALL members of your household under 18 applying for the program

| Name | Date of Birth | Grade | Gender | Relationship | Applying for program? |
|------|---------------|-------|--------|--------------|-----------------------|
|      |               |       | M F    |              | Y N                   |
|      |               |       | M F    |              | Y N                   |
|      |               |       | M F    |              | Y N                   |
|      |               |       | M F    |              | Y N                   |
|      |               |       | M F    |              | Y N                   |
|      |               |       | M F    |              | Y N                   |
|      |               |       | M F    |              | Y N                   |

### Income

Adjusted Gross annual income includes wages, unemployment compensation, worker's compensation, public assistance payments, alimony/child support payments, pensions, SSI, retirement income, veteran's payments, social security payments, disability payments, student loans/grants, contributions from people not living in the household, or other income. The adjusted gross income amount taken from the **2024 IRS tax form 1040** will be the only accepted proof of income. **Only dependents that are listed on your tax form will be eligible to participate in this program.**

Please state **adjusted gross income** from your 2024 tax return and attach a copy of tax return to this application.

\$

## Assistance Programs

Please mark any assistance programs in which you and your family are currently enrolled. Current documentation verifying current enrollment in a program and eligibility expiration date must accompany this application.

| Assistance Programs (please check all that apply)                                  |   |
|--|---|
| <input type="checkbox"/> TANF (Temporary Assistance for Needy Families)            | <input type="checkbox"/> Medicare   |
| <input type="checkbox"/> AND (Aid to the Needy Disabled)                           | <input type="checkbox"/> Childcare Assistance   |
| <input type="checkbox"/> WIC (Women, Infants, & Children)                          | <input type="checkbox"/> Free/Reduced School Lunches                                  |
| <input type="checkbox"/> Medicaid  | <input type="checkbox"/> SSI/SSDI (Supplemental Security Income/SS Disability Income) |
| <input type="checkbox"/> OAP (Old Age Pension)                                     | <input type="checkbox"/> Self-sufficiency Program                                     |
| <input type="checkbox"/> CCAP (Childcare Assistance Program)                       | <input type="checkbox"/> LEAP (Low-income Energy Assistance Program)                  |
| <input type="checkbox"/> CHP+ (Child Health Plan Plus)                             | <input type="checkbox"/> Subsidized Housing   |
| <input type="checkbox"/> Food Stamps   | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Foster Care – Foster Friendly Discount Card/Documentation |   |

Please allow at least ten business days for processing of the application. If you have any questions about the application, or the reduced fee program, please call the Business Office at 970-674-3513.

If the application for reduced fees is approved you will receive an approval letter, explaining the benefits for which you and your family are eligible.

Did you remember to attach copies of:

- Proof of Residency (utility bill, lease agreement, property tax statement)
- 2024 Complete Tax Return, **including all schedules and proof of transmittal to IRS**
- Verification of Assistance Programs, if applicable (from programs checked above)

## Verification

I hereby verify that the information stated on this application is true.

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Applicant Signature

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Date

## OFFICE USE ONLY

Reduction Rate If Approved \_\_\_\_\_

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Staff Initials \_\_\_\_\_

Date \_\_\_\_\_

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Staff Initials \_\_\_\_\_

Date \_\_\_\_\_