



FY2020 SCHOLARSHIP VOUCHER REQUEST
(Voucher Limit: \$150 per child per year per program)

Requestor Name: _____

Child Name: _____ Age: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email (if applicable): _____

Number In Household _____

Program Name: _____ Dates/Season: _____

Sponsoring Organization: _____

All information is subject to final approval verification through the Department of Social Services

GROSS INCOME GUIDELINES

HOUSEHOLD SIZE	INCOME LIMITS (monthly)	INCOME LIMITS (annual)
1	\$2,082	\$24,980
2	\$2,819	\$33,820
3	\$3,555	\$42,660
4	\$4,292	\$51,500
5	\$5,029	\$60,340
6	\$5,765	\$69,180
7	\$6,502	\$78,020
8	\$7,239	\$86,860
each additional	\$737	\$8,840

Verification to be determined by family's previous year's Federal Tax Return. All tax information will remain confidential and will be secured at all times. Requests will be sent to Administrative office for review if special or extenuating circumstances are cited.

I certify that the information I have provided and attached is complete and true.

Signature:

Name: _____ Date: _____

This voucher may only be used for reimbursement by organizations and programs approved by Fauquier Co. Parks and Recreation Dept.

For Internal Processing

I have reviewed the income information provided and approve the voucher request for the above mentioned individual for the program specified.

Approved by: _____ Date: _____ Voucher # _____
 (Regional Superintendent/Admin Staff)