



**FY2021 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**

<b>HOUSEHOLD SIZE</b>	<b>INCOME LIMITS (monthly)</b>	<b>INCOME LIMITS (annual)</b>
1	\$2,127	\$25,524
2	\$2,874	\$34,488
3	\$3,620	\$43,440
4	\$4,367	\$52,404
5	\$5,114	\$61,368
6	\$5,860	\$70,320
7	\$6,607	\$79,284
8	\$7,354	\$88,248
each additional	\$747	\$8,964

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)