P.L.A.Y.
Private Leisure Assistance for Youth

Eligibility/Application Form

P.L.A.Y. sponsors youths, 18 years or younger, from financially limited families, in enrichment programs offered by the **Columbus Recreation & Parks Department** by offering grants to those individuals meeting the eligibility guidelines stated below.

- PLAY grants are limited to one grant award per session per applicant up to a maximum allocation of $20. The applicant will be responsible for any fees above and beyond this amount and will need to be paid at the class site.
- The amount of financial assistance available through PLAY is subject to change on an annual basis. Applications will be verified and kept confidential.

How to apply

1) Complete form below.
2) **Proof of Eligibility must be provided by the legal guardian and it can be one of the following:**
   - Most recent federal income tax return showing adjusted gross income and number of dependents
   - Copy of your Medicaid/Caresource/Molina health card
   - Copy of your ADC card
3) Sign and date the application at the bottom of this page.
4) Return completed PLAY Application, with proof of eligibility, to your local recreation center staff at the time of class registration and no later than the end of the 3rd week of the current session.

Please complete the following information (please print):

Circle session requested: Winter Spring Summer Fall I Fall II

(Circle only one of above choices)

Applicants BIRTH Date: ____/____/____ Male _____ Female _____

Name of Applicant: _____

Name of Legal Guardian: _____

Mailing Address: _____ City:_____ OH Zip Code: _____

Phone Numbers: (work) _____ (home) _____

PROGRAM: _____ COST: $_____ LOCATION: _____

Day(s) program meets: (circle) M T W R F S Time: _____ Starting Date: ___/___/___

Note: Eligibility does not guarantee you a space in the program.

STAFF: Please circle appropriate form of verification and sign application below:

Recent federal income tax return Medicaid/Caresource/Molina ADC

I certify that the above and attached information is true and complete to the best of my knowledge. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need, but does not automatically guarantee a selection. I further understand P.L.A.Y. participants are randomly selected based on the number of grants available.

Signature of Legal Guardian_____ Date ___/___/___

CRPD Staff Signature _____ Date ___/___/___

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
RECREATION AND PARKS DEPARTMENT

PLAY applications should be submitted along with your child's class registration form at your local recreation center.

Revised 2/16