PLAY

Private Leisure Assistance for Youth

Eligibility/Application Form

PLAY provides youth, 18 years or younger, from financially-challenged families, with grants to participate in fee-based programs offered by the Columbus Recreation & Parks Department. Those individuals meeting the eligibility guidelines stated below may apply using this application.

- 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 EPPICard and/or Ohio Works First
3) Sign and date the application at the bottom of this page.
4) Return completed PLAY Application, with proof of eligibility, to your local community center staff at the time of class registration.

Please complete the following information (please print):

<table>
<thead>
<tr>
<th>Circle session requested:</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
<th>Fall I</th>
<th>Fall II</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Circle only one of above choices)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Name of Applicant: ________________________________________________

Name of Legal Guardian: ____________________________________________

Mailing Address: __________________________________ City: __________ OH Zip Code: __________

Phone Numbers: (work) __________________________ (home/cell) __________________________

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:

<table>
<thead>
<tr>
<th>Recent federal income tax return</th>
<th>Ohio Works First</th>
<th>Medicaid/CareSource/Molina</th>
<th>EPPICard</th>
</tr>
</thead>
</table>

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 PLAY participants are randomly selected based on the number of grants available.

Signature of Legal Guardian________________________________________ Date ____/____/____

CRPD Staff Signature _____________________________________________ Date ____/____/____

*Revised 2/19

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