



City of Pasadena Scholarship Application



Procedure:

The application must be completed and submitted to Parks & Recreation staff along with the required documentation verifying income. Accepted documents for income verification can be found below. Please ensure all social security numbers and/or Tax ID numbers are marked out prior to submitting information.

Eligibility Requirements:

1. Current Resident of the City of Pasadena, TX.

Acceptable forms of identification to verify residency:

- Valid driver’s license
- Current photo identification along with 3 current bills addressed to the same name
- Acceptable Photo Identification – Employee Badge or similar
Acceptable Bills – Utility Bill, Credit Card Company, Gas Bill, Cable Bill
- Recent verifiable rent/lease agreement stating applicant or guardian’s name along with photo identification of the same name.

2. Income Limits by Family Size:

- a. Based on 50% of Houston-Woodlands-Sugar Land, TX Metro Area Median Family Income FY 25 information

- b. https://www.huduser.gov/portal/datasets/il/il2025/2025summary.odn?inputname=METRO26420M26420*Houston-The+Woodlands-Sugar+Land%2C+TX+HUD+Metro+FMR+Area&wherefrom=&selection_type=hmfa&year=2025

Household Size	Income Limit	Maximum Given
1 Person	\$35,400	\$100 per person per fiscal year
2 Persons	\$40,450	\$100 per person / \$200 household maximum
3 Persons	\$45,500	\$100 per person / \$300 household maximum
4 Persons	\$50,550	\$100 per person / \$400 household maximum
5 Persons	\$54,600	\$100 per person / \$400 household maximum
6 Persons	\$58,650,	\$100 per person / \$400 household maximum
7 Persons	\$62,700	\$100 per person / \$400 household maximum
8 Persons	\$66,750	\$100 per person / \$400 household maximum
Each Additional Person	Add \$4,050 to income	\$100 per person / \$400 household maximum

3. Recipient is eligible to receive scholarships at any age. However, when funds are limited, the Parks and Recreation Department staff has the prerogative to award scholarship funds to youth (under the age of 18) as a priority over adults (age 18 and older). Otherwise, all scholarship funds will be available at a percent split. 80% allocated to youth and 20% allocated to adults.
4. Adults may only apply for scholarships for his or her self and any dependent children. Person **may not** apply for scholarships on the behalf of other or in bulk form.
5. Maximum scholarships are listed, but is not a guarantee. Each individual or maximum scholarship awarded coincides with the City Budget cycle (starting October 1 and expiring September 30).
6. Scholarships are limited and allocated on a first come first serve basis. Scholarships are applied upon application approval.
7. Scholarship approval **does not** guarantee funds or registration into a particular program, as scholarship fund will be open to all until fund is empty and spots remain in the requested program.



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Required Documentation for Income Verification:

Employment income: The following is a list of documents that are accepted to verify eligibility to receive scholarships. All items may or may not be applicable to a particular situation or household. At least one (1) form of documentation must be submitted with the application.

1. Employment Income (at least 4 pay stubs)
2. Most Current W-2 Form
3. Prior year Federal Tax return (Form 1040)
4. SNAP Benefits Notice of Case Action (Form TF0001) including the monthly income section

Letter of Request – if none of the aforementioned documentation can be provided, a Letter of Request may be submitted detailing why a scholarship is warranted and why any of the aforementioned documentation is not available. Letters of request will be reviewed and granted at the discretion of the Superintendent of Recreation.

Benefit and Support Income: If any member of the household received any of the following types of income, documentation must be submitted including the amount received.

1. Unemployment Compensation
2. Social Security Benefits
3. Supplemental Social Security Benefits (SSI)
4. Pension (VA, Teacher, Railroad, etc.)
5. Workman's Compensation
6. Disability Income
7. Severance Pay
8. Alimony
9. Child Support
10. Welfare or other Public Assistance.
11. Regular support from family members or friends
12. All Regular pay and allowances of a member of the armed forces who is head of the family or spouse, whether or not that family member lives in the unit.
13. Amounts in savings accounts. Furnish statements including current balances and interest earned over the last 12 months for any bank, credit union, and/or other savings institution accounts. This includes checking accounts, savings accounts, Christmas Clubs, Certificates of Deposit, money market funds, IRA, Keogh accounts and other securities.
14. Stocks, bonds, trusts, annuities and other investments.
15. Life Insurance Policies
16. Educational Grants and Scholarships
17. Business Income, including self-employment.
18. Income from Real estate, including rental income.
19. Proceeds from the Sale of real estate property.

In order to qualify, documentation must be provided for **ALL** sources of income and combined totals must be less than the amount listed according to the number of people in the household.



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The City of Pasadena, TX Parks and Recreation Department understands the importance of making recreational programs accessible for all, including those with financial barriers. Therefore, the Scholarship Program was established to ensure that every Pasadena resident is allowed the opportunity to participate in any recreational program offered by the Pasadena, TX Parks and Recreation Department, regardless of financial means. Please complete the following information and provide the required documentation.

Parent or Legal Guardian Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email address _____

Participant Information

First Name _____ Last Name _____

Date of Birth _____ Gender _____

Name of Program or Membership _____ Amount Requested _____

Participant Information

First Name _____ Last Name _____

Date of Birth _____ Gender _____

Name of Program or Membership _____ Amount Requested _____

Participant Information

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Date of Birth _____ Gender _____

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Household Gross Income (List ALL sources of income and attach supporting documents)

	Your Income x	Total Income	Spouse Income x	Total	Other
Salary, wages and tips	_____ x _____	_____	_____ x _____	_____	_____
Unemployment Compensation	_____ x _____	_____	_____ x _____	_____	_____
Social Security Benefits	_____ x _____	_____	_____ x _____	_____	_____
Child Support/ Alimony	_____ x _____	_____	_____ x _____	_____	_____
Disability Income	_____ x _____	_____	_____ x _____	_____	_____
Welfare/ Public Assistance	_____ x _____	_____	_____ x _____	_____	_____
Pension/ Retirement	_____ x _____	_____	_____ x _____	_____	_____
Workman's Compensation	_____ x _____	_____	_____ x _____	_____	_____
Stock, bonds and investments	_____ x _____	_____	_____ x _____	_____	_____
Other income	_____ x _____	_____	_____ x _____	_____	_____

TOTAL HOUSEHOLD ANNUAL INCOME: \$ _____

I certify that the above information is true and that all income reported is accurate. I understand that this information is being given for receipt of the Pasadena Parks & Recreation Scholarship Program so that City officials may verify the information on this application, and that deliberate misrepresentation of the information will disqualify me from this program.

Applicant or Legal Guardian Signature

Date

FOR OFFICE USE ONLY

STAFF CHECKLIST

STAFF INITIALS

Applicant provided (Must have 1)

Valid Driver's License

Current Photo ID and 3 bills addressed to name

Acceptable Photo ID (employee badge, etc.)

Bills (utility, credit card, gas, cable, etc.)

Recent Verifiable rent/lease agreement

Must have applicant or guardian name & photo ID of same name

Meets Income Limits

Required Documentation (Must have 1)

Employment Income (4 Pay Stubs)

Most Current W -2 Form

Prior Year Federal Tax Return (Form 1040)

SNAP Benefits Notice of Care Action Form (TF0001)

MUST INCLUDE MONTHLY INCOME SECTION

Amount Requested Total _____

Employee Who Received Application _____ Date _____

Approved or Denied

Superintendent Signature _____ Date _____

___ Applicant was notified via telephone and mailed a copy of the confirmation form

___ Applicant has been registered for desired program

___ Applicant was notified of denial