



# PLAY IT FORWARD SCHOLARSHIP APPLICATION

P.O. Box 250, Apex, NC 27502 | (919) 249-3402 | www.apexnc.org

**Instructions:**

**Date of Application:** \_\_\_\_\_

- Please complete the application below.
- Call 919-249-3354 during business hours, M-F 8am-5pm, for an appointment.
- Applicant will need to bring in a photo ID for all adults, birth certificates for all children, documentation of all monthly household income and proof of permanent residence in Apex (TOA Bill).

**Main Contact / Applicant Information**

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone</b>	<b>Birthdate</b>	<b>E-mail Address</b>	

**Marital Status**

Single  Married  Separated  Divorced  Widowed

**Please list ALL Household Members (including all adults and children)**  
**Please check off all household members who would like to receive assistance.**

Requesting Assistance? (check if yes)	Name	Relationship to Applicant	Gender	Birthdate
<input type="checkbox"/>		---- Applicant ----	M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>			M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>			M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>			M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>			M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>			M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>			M <input type="checkbox"/> F <input type="checkbox"/>	

By signing below, you give your permission for this request to be processed by APRCR Staff to determine your eligibility for fee assistance. APRCR Staff will complete a financial needs assessment on applicants and determine eligibility for a scholarship. Applicant is responsible for actual program enrollment, and APRCR Staffs' scholarship recommendation does not guarantee applicants' enrollment in specific programs. Your signature indicates that all information provided on this application is true and complete, to the best of your knowledge. You understand that providing false or incomplete information will result in this and any future applications being denied.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Parent/ Guardian if under 18)**

*For Office Use Only*

**Approved Scholarship Award:** \$ \_\_\_\_\_ per person      **New Recipient**       **Existing Recipient**

**Award Expiration Date:** \_\_\_\_\_      **Eligible to Reapply On:** \_\_\_\_\_