

CITY OF NEW PORT RICHEY
RECREATION AND AQUATIC CENTER

Open Arms Scholarship

Application Form

6630 Van Buren Street
New Port Richey, FL 34652
727-841-4560



OPEN ARMS SCHOLARSHIP ASSISTANCE PROGRAM

The City of New Port Richey Recreation and Aquatic center requires that individuals provide the requested information on this form regarding income, family size, and necessary expenses so that it can provide financial assistance in a fair and consistent manner. The City of New Port Richey also requires that individuals reapply each year. Scholarships are limited and available to City residents only. Annual renewal is required. Open Arms Scholarships are available to children 15 and under.

To process your child's application, we need the following:

1. Completed and signed Open arms application.
2. Copy of last year's tax return.
3. Two letters of recommendation (for example: A person or professional reference who can vouch for you, including a family member, current or past employer, case worker, teacher, clergy, etc.)
4. Cover letter explaining why you are applying for the Open arms scholarship Assistance Program.
5. Must show proof of residence. Individuals with last names other than the subscriber must show proof of dependency.

Note: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service toll-free at 1-800-829-1040.

Please allow two weeks to process your application. After this period, you may call the Recreation Center to see if your application has been approved or if you need to submit additional information.

All Open Arms members receive the same membership benefits, regardless of whether or not they are receiving assistance. Open Arms members can feel great knowing that they are involved in an organization that cares greatly for the health and wellness of their children.

Applications will be processed only after all information and documentation is submitted and the application is entirely completed. Incomplete application will be returned.

If any of the required documents do not apply to you, please explain the details of your personal situation in your cover letter (For example: If you do not file taxes.)

Scholarships are paid in full.

SCHOLARSHIP ASSISTANCE APPLICATION

Child's Information

Name: _____ Date of Birth: __/__/__
Address: _____ Apt # _____
City: _____ State: _____ Zip: _____
Home Phone _____ Email: _____

Persons Seeking Scholarship Assistances (Please list full name and dates of birth of each child in the household)

Name: _____ Date of Birth __/__/__
Name: _____ Date of Birth __/__/__
Name: _____ Date of Birth __/__/__
Name: _____ Date of Birth __/__/__
Name: _____ Date of Birth __/__/__
Name: _____ Date of Birth __/__/__

Child's Additional Information

School: _____
Extra Curriculums: _____
School Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Parent's Employer

Occupation: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Supervisor: _____ Length of Employment: _____