



# LAKEWOOD POSSIBILITIES FUND

## 2025 Financial Assistance Application

*In order to qualify for assistance, proof of Lakewood residency and income must be provided.*

The City of Lakewood Community Resources Department has established a program to support participation for Lakewood residents who demonstrate financial need. **Supporting funds in the amount of 75 percent of the total fee are available.** **The application can take up to five business days to be processed** at which time you will be notified of the outcome by phone and/or email. If approved, you will need to register and pay the reduced fee to complete the process.

**NAME** (head of household): \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

### Please list family members who will use scholarship funds if approved.

Name	School (if applicable)	Age	Birthdate	Sex Assigned at Birth

*Please list additional household members on a separate page and attach to this application.*

Would you like Lakewood staff to contact you regarding program and activity possibilities? ☐ Yes ☐ No

If yes, preferred method: ☐ Phone ☐ Email

May we contact you regarding your experience? ☐ Yes ☐ No

Are you a female head of household? ☐ Yes ☐ No

Do you or anyone in your household have a disability? ☐ Yes ☐ No

Are you or anyone in your household 62 or older? ☐ Yes ☐ No

For federal reports, please check your ethnic background: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

For federal reports, please check your race:

☐ White ☐ Black/African American ☐ Asian ☐ Asian and White ☐ Black/African American and White

☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native and White

☐ American Indian/Alaskan Native and Black/African American ☐ Other - Multi Racial

How did you hear about the Lakewood Possibilities Fund?

☐ My child's school ☐ School folder ☐ Middle School Sports program ☐ City of Lakewood email ☐ City of Lakewood website

☐ Community Connection catalog ☐ Looking at Lakewood printed newsletter ☐ Social media ☐ I am a past scholarship recipient



**Lakewood**  
Community Resources

**TODAY'S DATE:**

**Please turn over and complete the rest of this form**

**Please check household annual gross income range based on your family size.\***

**Household of one:** ☐ \$0 – \$27,400 ☐ \$27,401 – \$45,650 ☐ \$45,651 – \$71,900 ☐ \$71,901 +

**Household of two:** ☐ \$0 – \$31,300 ☐ \$31,301 – \$52,200 ☐ \$52,201 – \$82,150 ☐ \$82,151 +

**Household of three:** ☐ \$0 – \$35,200 ☐ \$35,201 – \$58,700 ☐ \$58,701 – \$92,400 ☐ \$92,401 +

**Household of four:** ☐ \$0 – \$39,100 ☐ \$39,101 – \$65,200 ☐ \$65,201 – \$102,650 ☐ \$102,651 +

**Household of five:** ☐ \$0 – \$42,250 ☐ \$42,251 – \$70,450 ☐ \$70,451 – \$110,900 ☐ \$110,901 +

**Household of six:** ☐ \$0 – \$45,400 ☐ \$45,401 – \$75,650 ☐ \$75,651 – \$119,100 ☐ \$119,101 +

**Household of seven:** ☐ \$0 – \$48,500 ☐ \$48,501 – \$80,850 ☐ \$80,851 – \$127,300 ☐ \$127,301 +

**Household of eight:** ☐ \$0 – \$52,720 ☐ \$52,721 – \$86,100 ☐ \$86,101 – \$135,500 ☐ \$135,501 +

\*For example if there are five people in your household, go to household of five.

Data pulled from: [huduser.gov](http://huduser.gov)

**ARE THERE ANY SPECIAL CIRCUMSTANCES YOU WISH TO SUBMIT FOR CONSIDERATION?**

**Please note:** If approved, each household member will be awarded funds that are valid through December 31 of the current year.

At that time, a new application will need to be completed. Once approved, funds will be applied to your household account. Please call or visit one of the centers on this form to complete the registration process. If you have used all of your funds and have additional needs, please visit one of the centers to determine if additional funds are available. Some restrictions apply.

**IF YOU ARE UNABLE TO PROVIDE PROOF OF RESIDENCY OR INCOME, PLEASE PROVIDE AN EXPLANATION OF NEED:**

**Upload your application and proof of residency and income to our secure mailbox: [LPF@Lakewood.org](mailto:LPF@Lakewood.org)  
OR APPLICATIONS CAN BE RETURNED TO:**

**Carmody Recreation Center**

2200 S. Kipling St., Lakewood, 80227 • 720.963.5360

**Charles Whitlock Recreation Center**

1555 Dover St., Lakewood, 80215 • 303.987.4800

**Green Mountain Recreation Center**

13198 W. Green Mtn. Dr., Lakewood, 80228 • 303.987.7830

**Link Recreation Center**

1295 S. Reed St., Lakewood, 80232 • 303.987.5400

**Clements Community Center**

1580 Yarrow St. Lakewood, 80214 • 303.987.4820

**Community Resources Department**

480 S. Allison Parkway, Lakewood, 80226 • 303.987.7800

**STAFF USE ONLY**

Date Received: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Location: \_\_\_\_\_

☐ Residency ☐ Income

HHID: \_\_\_\_\_

☐ Approved ☐ Denied

If approved, %: \_\_\_\_\_

Notification Sent: ☐ Yes ☐ No

*I hereby certify that the information on this form is accurate and complete.*

*I understand that this certification may be subject to further verification by the agency providing services, the City of Lakewood, or the U.S. Department of Housing and Urban Development. I, therefore, authorize such verification and will provide supporting documents if necessary. If approved, I agree to pay the portion of program fees not covered by financial assistance. If a balance remains once the program is complete, future consideration for assistance can be jeopardized.*

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_