



## Recreation Scholarship Application

- Completion of this form is not a guarantee scholarship. Scholarships are given on a needs basis and availability. Partially completed forms will not be considered. Formulario disponible en espanol.

PERSONAL INFORMATION:	
Participant Name	_____
Parent/Guardian	_____
Address	_____
Email	_____
Phone	(____) ____ - ____

ADDITIONAL INFORMATION (optional)

ELIGIBILITY:	SCHOLARSHIP INFORMATION:
<p><b>Check all that apply</b></p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Child on school lunch program</p> <p><input type="checkbox"/> Medicare/ Medicaid</p> <p>Total Number in Household _____</p>	<p><input type="checkbox"/> Program Value: \$ _____</p> <p>Check One:</p> <p><input type="checkbox"/> Full amount</p> <p><input type="checkbox"/> Partial amount</p> <p><input type="checkbox"/> Other</p> <hr/> <p><input type="checkbox"/> I am available to volunteer</p> <p><input type="checkbox"/> I am not available to volunteer</p>

I have read and understand the above. Completion of this form will not guaranteed automatic scholarship. I will be notified by the Parks & Recreation Department. Any questions may be directed to 634-3006.

Parent/Participant: \_\_\_\_\_  
Signature Date

Department: \_\_\_\_\_  
Department/Director Signature (Sign and print name) Date approved

### FOR OFFICE USE ONLY

Received by: \_\_\_\_\_ Date application received: \_\_\_\_\_ Date application reviewed: \_\_\_\_\_

Approved Amount: \$ \_\_\_\_\_