Print Form

Scholarship Program Application

Applicants Name:	
Address:	
Home Phone:	Cell/Work Phone:
Place of Employment:	
Supervisor:	
Address:	

Number of Participants:	Ages:
Participants Name(s):	
Address:	

Please list the programs in which the participants are interested in attending:

Number of Members Living in Household:	
Household Members Receiving Monthly Income	Monthly Income
1)	$
2)	$
3)	$
4)	$
Total Annual Income	**$**

Please provide a brief statement as to why a scholarship is necessary:

Percentage of Scholarship request? ☐ 25% ☐ 50%

I certify that the above information is true and correct and that all household income is reported. I will notify the Park and Recreation Office of any changes in income or family size.

Signature _____ **Date** _____

☐ **Approved** ☐ **Denied**

Authorizing Signature: _____ **Date:** _____