



SCHOLARSHIP ASSISTANCE APPLICATION

Scholarship eligibility is determined by household income, aiming to offer access to recreation facilities and programs for those facing financial constraints. The maximum scholarship benefit is a 50% reduction in fees. Scholarship assistance is applicable for 20-punch passes and non-contractual registered classes. Monthly or annual memberships are not covered by scholarship assistance. Restrictions may apply.

Scholarship assistance remains valid for six months, requiring a new application for renewal after this period. It is crucial to include all requested documentation with the application. Incomplete applications will not be processed. Scholarship assistance is awarded on a first-come, first-served basis. It is important to note that assistance is not guaranteed. Please allow up to two weeks for the processing of your scholarship application.

Today's Date: _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone #: _____ Email: _____

List members in your household (beginning with applicant). All relatives residing in the household must be listed:

Name	Birth Date	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Activity/Program Request: _____ Family Member's Name: _____

Activity/Program Request: _____ Family Member's Name: _____

Please attach copies at least TWO of the following documents for you and/or any household members:

- | | | |
|--|-----------------------------|-----------------|
| • Pay stubs for a full month for yourself & working household members | Total Monthly Salary | \$ _____ |
| • 1 st page of your most current income tax return (1040) | SSI | \$ _____ |
| • Medicaid/Disability – copy of check or other official letter verifying eligibility | Unemployment | \$ _____ |
| • Unemployed – copy of unemployment check or other official letter verifying eligibility | Tips | \$ _____ |
| • Monthly bank statement with redacted account information | Child Support | \$ _____ |
| | other | \$ _____ |
| | Gross Monthly Income | \$ _____ |

****Applications will not be processed without the above information****

Employer: _____

Employer Address: _____ Phone: _____

Spouse/Household Member Employer: _____

Employer Address: _____ Phone: _____

SCHOLARSHIP AGREEMENT

Please send the completed request form at least 2 weeks in advance of the program start date to allow for processing. **Scholarship is valid for 20-visit punch pass and non-contractual registration classes. Scholarship assistance is ineligible for use on monthly or annual memberships.** I understand that the information given will be kept confidential. The information provided is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for purposes of income verification related to my/our application for assistance. I understand that any willful misstatement of material fact will be grounds for disqualification.

I, _____ agree to the following conditions while receiving assistance with recreation activities/programs.

1. I agree to send in any changes that are listed below to the Trails Park and Recreation District no later than fifteen (15) days from when the changes occur. I understand I will be responsible for repayment of funds for which I was not entitled, especially resulting from my failure to report pertinent changes including:
 - My family's income (including Child Support, Alimony, Social Security, Unemployment)
 - My family's employment status (new job, change in hours resulting in increased income)
 - Change of address or phone number
2. I understand that I must pay the portion of the fee after discounts have been applied to retain this scholarship.
3. The scholarship expires 6-months after receipt of approval via email. I understand that I need to contact Trails Park and Recreation District to reapply for scholarship assistance.
4. Deliberate misrepresentation may subject me to termination of further scholarship benefits.

Applicant's Signature

Date

-----**FOR OFFICE USE ONLY**-----

Activity/Program/Pass Discount Approved _____

Staff Approval _____ Date _____

Comments _____