



# Parks & Recreation Scholarship Application

Parent / Guardian \_\_\_\_\_ Participant \_\_\_\_\_

Mailing Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Does the participant attend Whitefish School District?                      Yes                      No

What program/activity is this scholarship for?

How many days would you like your child to attend this program/activity?

**Please complete the information below to determine eligibility for scholarship funding.**

**Family Size & Income**

1. How many people live in your home?
2. Of those people, how many are dependents?
3. Of those people, how many do you hope to enroll in this Parks & Recreation program?\*
- \*a separate scholarship application must be submitted for each participant
4. Your gross wages before deductions per month:
5. Your total gross other income per month, to include child support, alimony, disability:

**Add up total household monthly income:** \_\_\_\_\_

**Proof of income is required. Your application will not be considered without proof of income.**

When submitting this application, scan and attach proof of income via email or submit hard copies.

**Current Assistance Programs**

Check all that apply for current assistance you receive:

\_\_\_\_\_ Supplemental Nutrition Assistance Program (SNAP)

\_\_\_\_\_ Temporary Assistance for Needy Families (TANF)

\_\_\_\_\_ Child in Transition (CIT)

\_\_\_\_\_ Other:

By signing below I attest that all information is true to my knowledge. I have attached proof of income sources to this application.

**Printed name of Applicant:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Parks & Recreation Scholarship Review

### FOR OFFICE USE ONLY

Program requested:

Cost of program per day:

Number of days requested: \_\_\_\_\_

**Total scholarship request amount:**

**Scholarship awarded?**            **Yes**                            **No**

Scholarship percentage:

Scholarship monetary value:

Applicant's expected total payment balance:

Applicant's expected 50% deposit payment:

**Scholarship Award emailed/mailed on** \_\_\_\_\_ **by** \_\_\_\_\_

**and is due returned with 50% deposit payment by** \_\_\_\_\_.