



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 are you anticipating your child to attend this program/activity?

Please complete the information below to determine eligibility for scholarship funding. Proof of income is required. Your application will not be considered without documentation.

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 gross from other income per month, including child support, alimony, disability:

Add up total household monthly income: _____

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: /day /session

Number of days requested:

Total scholarship request amount:

Scholarship awarded? Yes No

Scholarship percentage:

Scholarship dollar amount:

Applicant's expected total payment balance:

Scholarship Award emailed/mailed on _____ by _____

Notes: