

CITY OF WHITEFISH PARKS AND RECREATION SCHOLARSHIP APPLICATION



The City of Whitefish Parks and Recreation Department is dedicated to quality service and strives to provide affordable recreation opportunities for all youth in School District #44. Our scholarship program is designed to help individuals participate in activities that might be otherwise financially unfeasible.

Any resident of School District #44 who wishes for their child to participate in a parks and recreation program, and is in need of financial assistance, may apply for aid through the Whitefish Parks and Recreation Department's Scholarship Program. All applicants are reviewed on a first come, first serve, case by case basis. Completion of this application does not guarantee a scholarship from the City of Whitefish. The application must be completed, include necessary attachments, and be approved by the Scholarship Review Committee BEFORE the participant may attend the program.

STEPS FOR COMPLETING APPLICATION:

1. Complete the scholarship application form.
2. Complete the program registration form
3. Send all completed forms to: City of Whitefish

Parks and Recreation Department
P.O. Box 158 Whitefish, MT 59937

Based on the financial information provided and the size and scope of the tuition requested, the scholarship review committee will inform you as to the amount of scholarship granted.

If you have any comments, questions, or concerns, please contact the
City of Whitefish Parks and Recreation Department at 863-2470.



WHITEFISH PARKS AND RECREATION SCHOLARSHIP APPLICATION

GUARDIAN NAME _____ Participant Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Resident of School District #44 Yes _____ No _____

FAMILY SIZE

List all persons living in your home

Name	Relationship	Age
1 _____		
2 _____		
3 _____		
4 _____		
5 _____		
6 _____		

ASSISTANCE

Check all that apply:

Proof of program enrollment may be requested.

Disability _____

Supplemental Nutrition Assistance Program (SNAP) _____

Temporary Assistance for Needy Families (TANF) _____

Social Security _____

Free School Lunch Program _____

Reduced School Lunch Program _____

FAMILY INCOME

(List all monthly income)

Gross wage & salary before deductions _____

Net Rent Income _____

Social Security/ Disability Payments _____

Alimony/ Child Support _____

AFDC Payments _____

Other Income: _____

PROOF OF INCOME IS REQUIRED

MONTHLY INCOME TOTAL _____

**OFFICE USE ONLY!!
DO NOT WRITE IN THIS SECTION!!**

I certify that the information in this application is true to the best of my knowledge and there is no intent to defraud. I grant permission to contact appropriate sources, if necessary, for information to prove my eligibility.

SIGNATURE _____ DATE _____