



Scholarship Application 2016/17

(for City residents only)

APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____

State _____ Zip Code _____

Home Phone () _____

Cell Phone () _____

Email _____

NAME OF ALL PERSONS LIVING IN THIS HOUSEHOLD	DATE OF BIRTH	GENDER
Parent/Guardian/Adult		
Parent/Guardian/Adult		
Child		
Child		
Child		
Child		
Child		
Child		
Child		

TO APPLY FOR 50% SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENT:

Free or reduced lunch letter from the school

THIS APPLICATION IS VALID OCTOBER 1 THROUGH SEPTEMBER 30 AND MUST BE RENEWED ANNUALLY

Please allow up to 4 days for processing once all documents are returned. You are not able to use the scholarship before it is processed.

Scholarships will be available on a first come, first served basis with a **maximum** of \$250 per child per year until all scholarship funds are exhausted

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarships are based on need. In the event that my income level increases, I will notify the City immediately. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

Attach copies of all applicable documents and turn in to the City of Kalamazoo Parks & Recreation Office at 251 Mills Street, Kalamazoo, MI 49048. Scholarships will be granted on the basis of financial need within the available resources of the department. The City reserves the right to refuse assistance to any applicant.

FOR OFFICE USE ONLY:

Date _____ Approved: YES _____ NO _____ Scholarship _____ % Staff Initials _____