



SCHOLARSHIP APPLICATION

Grafton Parks and Recreation recognizes that some residents of the City of Grafton require financial assistance to attend certain recreational activities. A limited number of scholarships are available for those who qualify. The information requested below is confidential and necessary to help determine the degree of need for each participant. All information must be filled in or the application will be returned unaccepted. If you are applying for multiple scholarships, a separate application is required for **each participant** and for **each activity**. Please allow a minimum of 5 working days to process your scholarship. Call or come in to the recreational facility to confirm your scholarship.

Participant's Name: _____ Birthday: __/__/____ Age: _____

Ethnicity*: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

This scholarship will be used for:

Activity: _____

Knowing that the normal fee for this program is \$: _____, what do you think you can pay? \$ _____

State the financial need which makes it impossible for you to pay the entire fee: _____

*Information is collected to report to funders on the diversity of recipients and programs they participate in. It may be used for grant applications and to highlight the need for additional support of the program. Individual/family information is not released.

FOR YOUTH REGISTRATIONS ONLY:

Father's Name: _____ Contact Phone: _____

Mother's Name: _____ Contact Phone: _____

Other/ Emergency: _____ Contact Phone: _____

Participant/ Parent/ Guardian Signature

Date

FOR OFFICE USE ONLY:

Notes:

Date received: _____ Date Approved: _____ Regular Program Fee: \$ _____

Less Scholarship Amt: \$ _____

Manager Signature: _____ Total Participant Fee: \$ _____

Verification of Income Eligibility

Scholarship Levels

For each member of a qualifying household, programs will be subsidized accordingly, based on verification provided and determination by Grafton Parks and Recreation of the appropriate scholarship level.

Level 1- 25%

Extends 25% of all programs to households who meet the income Eligibility Requirements.

Level 2- 50%

Extends 50% of individual program cost to households who meet the eligibility criteria; the household participants are in two or more public assistance programs; and the selected recreational program is a health and wellness program that enhances and/or supports physical activity.

Course registration is through Grafton Parks and Recreation and attendance is mandatory in order to maintain scholarship eligibility.

Verification Requirements

Number of children living at home: _____

Number of adult living at home: _____

Residency & Household Members Verification: Applicants can prove eligibility by providing a picture identification and a current utility bill statement.

Income Verification: Applicants can prove income eligibility by showing current documentation for household income and participation in any of the public assistance programs listed below:

Residency: Applicants must live in Walsh County

Household Income Verification

Please submit a copy of one or more current income verification documents:

1. Prior year income tax return
2. Current SSI (Supplemental Security Income) statement
Public Assistance Program Verification

Check all programs you participate in and provide copies of current documentation

- Medicaid
- Supplemental Nutrition Assistance Program (Food Stamps)
- Public Housing

DECLARATION (Please read and sign)

I state that the information I have provided in this application is true and correct. I agree to provide proof of income. I agree to inform Grafton Parks and Recreation if I no longer qualify for the scholarship discount. I understand the participant may be withdrawn from the program and become ineligible for future scholarships due to "no show", excessive absences or excessive late withdrawals. I will abide by the requirements.

Signature

Date

Mail Application to:

Grafton Parks and Recreation
P.O Box 122
Grafton, ND 58237

Drop off Application at:

5 East 4th St, Grafton ND 58237

FOR OFFICE USE

Date: ___/___/___

Staff Name: _____

Staff Signature: _____

Proof of residency Income Verification