

Rotary Club of Farmington Parks & Recreation Youth Scholarship Program

Application Form

Please complete all information. We reserve the right to verify all information contained on this form.

Applicant's name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Work phone: _____ ***Email:** _____

****please include email for registration follow-up, scholarship information or program updates.***

List number of family members, including parent(s), living in household: _____.

Name, ages, grades of children to receive scholarship funds and programs requested for said funding:

- Total cost of the classes or programs. \$ _____
- How much of the total cost are you able to pay? \$ _____
- Total amount of scholarship funding you are requesting? \$ _____

Applicants requesting scholarship funding must meet certain income limits. All applicants must show proof of income by providing one of the following documents:

- Most recent monthly AFDC or TANF payment stub**
- A verification letter from a public or private school that states that the applicant qualifies for the Federal Government's Free or Reduced Hot Lunch Program**
- A verification letter from the Dakota County Family Services Department that states that the applicant qualifies for scholarship funding based on the income limits found on the next page.**
- The most recent copy of the family's Federal Income Tax Form.**

NOTICE: The application period is for the season & year in which the program begins. Programs that carry over to a new year will be charged against the year in which the application was made. A new application form must be completed each time a scholarship is requested for a program in order to verify that the applicant meets the current income guidelines for the scholarship program. Scholarship funding may not be available for all classes or programs. Please allow a period of at least five (5) business days to determine scholarship eligibility

Acknowledgement of Correct Information:

I acknowledge that the information contained on this application is accurate and correct. I hereby give permission to the Farmington Parks and Recreation Department to verify this information. I understand that if any information on this application form is found to be incorrect, my privileges of applying for scholarship funding could be revoked.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY, APPLICANT DO NOT COMPLETE

Date and initials of staff person receiving application: _____

Request is: ___ Approved ___ Denied ___ 100% coverage ___ 60% coverage ___ other

Signature of Parks and Recreation Director or Designee

Date