

City of Avon Lake
Parks and Recreation Department
Application for Program Scholarship



Child's Name: _____
First
Middle Initial
Last

Child's Date of Birth: _____ Gender: _____ School: _____ Grade: _____

Parent's/Guardian's Name: _____
First
Middle Initial
Last

Home Address: _____ City: _____ Zip: _____

Phone: _____ Alt #: _____ Email: _____

Program you are requesting a scholarship for

Program Name	Program Season	Program Dates
<p>Do you participate in the school's free and reduced program? Free Lunch Participant Yes <input type="checkbox"/> No <input type="checkbox"/> Reduced Lunch Participant Yes <input type="checkbox"/> No <input type="checkbox"/> (Attach Free and Reduced Program verification.)</p>		

Initial next to the following statements.

_____ I understand that if I qualify for the reduced lunch program that I will be required to pay for 50% of the registration fee.

_____ I understand that if I qualify for the free lunch program that I am eligible for a 100% scholarship

_____ I understand that if I am currently eligible for assistance through Avon/Avon Lake Community Resource Services I am eligible for a scholarship.

_____ I understand that scholarship awards are not to exceed three (3) programs OR \$150.00 per child per year and that I am responsible for the registration fees for all subsequent programs

_____ I understand that the scholarship year runs from September 1st – August 31st.

_____ I understand that program scholarships are distributed on a first come first serve basis and that I am not guaranteed a scholarship for any program.

_____ I am attaching verification of my child's participation in the Free and Reduced Lunch Program.

Please give a brief explanation of why you would like your child to receive a scholarship:

I certify that the above and attached information is true and complete to the best of my knowledge. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that an incomplete application will be returned unprocessed. I understand scholarship assistance is based on need and financial need does not automatically guarantee selection.

Parent/Guardian Signature _____ Date _____

For Office Use Only

Free/Reduced Lunch Program participation verified? Yes No Free/Reduced Scholarship Decision Accepted Denied 50% or 100% scholarship (circle one)
 Reason for Denial _____