

## Parks & Rec Scholarship Request - Lisbon

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Sport/activity: \_\_\_\_\_ Total cost of activity: \_\_\_\_\_

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Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Sport/activity: \_\_\_\_\_ Total cost of activity: \_\_\_\_\_

Total Cost of all activities: \_\_\_\_\_

Financial Need:

I certify that 1 or more of the following applies to our family:

- Recipient of free/reduced lunch
- Recipient of food assistance (SNAP)
- Recipient of Medicaid/Hawk-i
- If none of the above apply, please use the back of this form to explain the need for this assistance.

Parent/Guardian Signature: \_\_\_\_\_

*\*Scholarships are for Lisbon and Mount Vernon residents only. Southeast Linn Community Center will pay for ½ the fee of any Parks & Rec program for children with a financial need, as long as funds are available. Payment will be made directly to the Parks & Rec program.*

**Office Use-** Scholarship amount: \_\_\_\_\_ Date approved: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date paid: \_\_\_\_\_