

Parks & Rec Scholarship Request - Mount Vernon

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Name of child: _____ Age: ____ T-shirt size: _____

Sport/activity: _____ Total cost of activity: _____

Name of child: _____ Age: ____ T-shirt size: _____

Sport/activity: _____ Total cost of activity: _____

Name of child: _____ Age: ____ T-shirt size: _____

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 or an email to explain the need for this assistance.

Parent/Guardian Signature: _____

**Southeast Linn Community Center will pay for 1/2 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: _____