



Owatonna Park and Recreation Department Youth Scholarship Application



Parent/Guardian				
Address				
City				
Phone				
E-mail				
Participant's Name	Activity	Cost	60% schl	40% fee
	Late Fees (\$10 for each activity)	xxxxxX	xxxxxxx	
	Ability to pay more than requirement			
	Totals			

Any program over \$75.00 will be set at 50% of the program fee. Programs not included in the Scholarship Program include: Private Swimming Lessons, River Springs Water Park Season Pass, River Springs Coupons Booklets, Trips, Association Programs and Association Camps. WSI & Lifeguard – limit 4 participants per year at 50% of program cost.

Limited quantities of equipment may be checked out – ask staff for availability.

Qualification for Scholarship (check one or any that apply)

- Recipients of Current Free and Reduced Lunch Program (income level under \$)
- Recipients of SSI (Supplemental Security Income) or Social Security Benefits
- Recipients of Medical Assistance Program
- Other - please explain: _____

Qualification verified by staff	Date:	Staff Person:
--	--------------	----------------------

Applicant Signature Required --->

Acknowledgment of Correct Information:

I acknowledge the information contained on this application is accurate and correct. I hereby give permission to the Owatonna Parks and Recreation Department to verify this information. I understand if any information on this application is found to be incorrect, my privilege of applying for scholarship money is revoked. The Owatonna Parks and Recreation Department reserves the right to verify all information contained on this application.

Signature of Applicant

Date

Acknowledgement for Release of Information:

The information requested at the time of registration form will be used to verify eligibility, determine staff, facility, and equipment needs. You/your child’s name, age, grade level, address, telephone number, and health information will be provided to city staff, volunteers, the city attorney, insurer and auditor. Although you are not legally required to disclose this information, failure to do so will prevent you/your child from participating in this program.

Signature of Applicant

Date

**Funding for the Owatonna Youth Scholarship Assistance Fund comes in part from the Robin Macht Scholarship Fund.*

**** OFFICE USE ONLY ****

Date		Staff Person				
Scholarship Amount		\$	Granted		Denied	
Total Due at Time of Registration		\$				
Director or Designee Signature						