



CITY OF EAST LANSING
DEPARTMENT OF PARKS, RECREATION & ARTS

YOUTH SCHOLARSHIP PROGRAM

To financially assist youth from low income families wishing to participate in activities offered by the Parks, Recreation and Arts, we are providing scholarships. Amounts awarded for middle school sports programs are determined based on aggregate needs of all participants. *Certain limits apply.* Please complete both sides of this form as completely as possible. Scholarships will be given based on the annual household income guidelines determined by the Federal Government.

Program You are Seeking a Scholarship For: _____

Name of Student(s) Seeking Assistance: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Fathers (or guardian) Last Name: _____ First Name: _____

Mothers (or guardian) Last Name: _____ First Name: _____

Telephone Number: _____ Email _____

Child(rens) names:

	D.O.B:	(Gender) M/ F/Unspecified	School & grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Parent/Guardian

Date

This application is valid for one (1) school year only. Information will need to be updated by resubmitting each year for youth scholarships. All information is kept strictly confidential. **Scholarships subject to availability.**

-- OVER --

PARTICIPANT PROFILE

Our Agency receives financial support from the City of East Lansing under the City’s federally funded Community Development Block Grant Program.

If only you receive, or will receive direct agency services, answer the following questions only for yourself. If other members of your household or family receive or will receive direct agency services, answer the following questions for both yourself and for the other members of your household or family. If you fill this form out for other household or family members, they should not fill out separate forms. Your “household” or “family” does not include individuals who live with you unless a financial dependency exists.

1. Where do you reside? _____
Note: report street address by general block number, for example: 1942 Ashland Ave.” would be reported as “1900 block of Ashland Ave.”

2. Is your household or family female, male or female/male headed? *Please circle one.*
female headed male headed female/male headed

3. Annual Gross Income (of each household or family member over age 18)
(Examples: Yearly salary, Federal Aid, Family aid, Child Support, etc) :
\$ _____ + \$ _____ = _____

4. Please check the size of your household:
1-person 2-person 3-person 4-person 5-person 6-person 7-person

5. Please list your racial or ethnic group:

Date this form was completed

For Office Use Only

Number of children this request is for? _____

Activities requested for child(ren) _____

Other (please explain) _____

Staff Signature _____ Date _____