

**Scholarship Levels:**

For each member of a qualifying household, programs will be subsidized accordingly, based on information provided and determination by the Clinton Parks and Recreation Director. Scholarships are awarded by level and the breakdown is listed below:

**Level 1 – 25% Scholarship**

 Extends 25% off of program price

**Level 2- 50% scholarship**

 Extends 50% off of program price

**Level 3 – 75% scholarship**

Extends 75% off of program. Attendance is mandatory in order to maintain scholarship eligibility. If participant is absent for more than 10% of program, scholarship will be withdraw and participant is responsible for the full cost of the program.

* 100% scholarships are very rarely given out, the Clinton Parks and Recreation Departments tries to spread out its funding in order to help more families in need. If you feel you need a 100% scholarship please speak with the Director directly.
* Even when requesting a scholarship, for some of our more popular programs a deposit is required. Scholarship applicants are required to put in a deposit to hold their spot. Once scholarships have been awarded this deposit will be applied to the existing balance.
* If the program is outsourced participants will be required to pay for the program at cost, if awarded a scholarship the department will waive any and all administrative costs.

**Scholarship Application Form:**

Name of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s age, grade and birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What program(s) are you interested in receiving a scholarship for?

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Ideally I am seeking the following level of aide: Level 1 Level 2 Level 3

Eligibility Information:

* Applicants must have an income level that is equal to or less than 200% of the current federal poverty level as determined by the U.S Department of Health and Human Services. Please use attached sheet as a reference.
* Applicants must have a special circumstance for requesting assistance.

How many children are in your family (children must be under 18)? \_\_\_\_\_\_\_\_\_\_\_\_

Does your income for your family size fall within the guidelines? Y or N

What is your annual income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Please be able to provide a prior year income tax return if needed.*

Are you requesting money because of a special circumstance? Y or N

If so please describe the special circumstances and reason surrounding this request? *(Attach additional paper if needed)*

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