



# SCHOLARSHIP APPLICATION

## Dickinson Parks & Recreation

Dickinson Parks and Recreation does not want to deny any participant access to activities due to their inability to pay. We have established a financial aid program to assist individuals to enable participation by all residents of our community.

Completed applications and verification letters should be returned to Dickinson Parks and Recreation, 2004 Fairway Street, Dickinson, ND.

### Requirements/Restrictions:

1. **Stark County Social Services Verification Letter OR**
2. **School Reduced Free Lunch Program Verification Letter OR**
3. **If you are receiving SSI, SSD, TANF, Food Stamps, WIC, SNAP, LIHEAP, CCAP, please submit verification.**
4. Only Dickinson Parks and Recreation programs/memberships qualify (*some exclusions apply*).
5. Final approval by review committee.
6. If approved, assistance will be available for one year.

Minimal Fee:

Qualifying families will pay 50% of the fee.

Head of Household: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Dependent Names and Ages:

\_\_\_\_\_ Birthdate: \_\_\_\_\_

\_\_\_\_\_ Birthdate: \_\_\_\_\_

\_\_\_\_\_ Birthdate: \_\_\_\_\_

\_\_\_\_\_ Birthdate: \_\_\_\_\_

\_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Comments or special needs: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Reviewed by Staff Initials: \_\_\_\_\_

Form of Verification: Social Services\_\_\_\_; School Reduced Lunch Program\_\_\_\_; Other\_\_\_\_

Activation Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_