



SCHOLARSHIP APPLICATION 2021

The Recreation Scholarship Fund provides families the opportunity to participate in recreation programs offered by PenMet Parks, regardless of their ability to pay. All circumstances are considered.

Scholarship Eligibility Requirements In order to receive a recreation scholarship, the applicant must be:

- 1) 18 years old age or younger
 - 2) Reside within the PenMet Parks District
 - 3) Provide verification of need: for free/reduced lunch letter from school district, call nutrition office at PSD office: **Nancy Steuk 530-1014. Ask her to email it to our department – recreation@penmetparks.org**
- OR--Tax return (most current) --OR-- Household wage statement (current pay stub) --OR--DSHS verification

Scholarship Award based on Income Eligibility (Instant Qualification with School District Letter)

- Free Lunch: 75% scholarship →Reduced Lunch: 50% scholarship
- Maximum scholarship amount of \$200 per child per calendar year.
- Eligible recipients are encouraged to volunteer time to support PenMet Parks programs/events.

INCOME GUIDELINES FOR SCHOLARSHIP (Gross Income)				
Household	75% (Free Lunch)		50% (Reduced Lunch)	
	Annual	Weekly	Annual	Weekly
1	\$15,444	\$297	\$21,978	\$423
2	\$20,826	\$401	\$29,637	\$570
3	\$26,208	\$504	\$37,296	\$718
4	\$31,590	\$608	\$44,955	\$865
5	\$36,972	\$711	\$52,614	\$1,012
6	\$42,354	\$815	\$60,273	\$1,160
7	\$47,749	\$919	\$67,951	\$1,307
8	\$53,157	\$1,023	\$75,647	\$1,455

FAMILY INFORMATION

PARENT NAME: _____

ADDRESS : _____ CITY: _____ ZIP: _____

PHONE: _____ E-MAIL ADDRESS: _____

TOTAL NUMBER OF FAMILY MEMBERS: _____

CHILDREN IN FAMILY REQUESTING SCHOLARSHIP

NAME: _____ BIRTHDAY: _____

Programs interested in enrolling in: _____

NAME: _____ BIRTHDAY: _____

Programs interested in enrolling in: _____

NAME: _____ BIRTHDAY: _____

Programs interested in enrolling in: _____

PLEASE PROVIDE BRIEF EXPLANATION OF YOUR NEED FOR A SCHOLARSHIP. IF YOUR INCOME DOES NOT MEET THE SLIDING SCALE WE WILL CONSIDER EXTENUATING CIRCUMSTANCES.

IS YOUR FAMILY ON FREE OR REDUCED LUNCH? _____

Reduced Lunch = Instant Qualification of 50% scholarship, Free Lunch = Instant Qualification of 75% scholarship (customer will pay 50% or 25% respectively)

TOTAL HOUSEHOLD MONTHLY GROSS INCOME \$ _____

(Monthly income includes total income from all sources including DSHS, social security, child support, disability, unemployment insurance and wages).

INCOME WORKSHEET

PayCheck\$ _____ Social Security\$ _____ DSHS\$ _____

Unemployment\$ _____ Child Support\$ _____ Other\$ _____

I certified that all the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Scholarship; that staff may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under the applicable State and Federal laws. I have read and understand the Scholarship Policy Guidelines.

Parent/Guardian Signature: _____ Date: _____

Office use only: Granted: _____ Denied: _____ Subsidy Granted: _____ 50% _____ 75%

Approved by: _____ Date: _____