

# MCCALL RECREATION SCHOLARSHIP FUND

Program & Dates: \_\_\_\_\_

McCall Recreation Department wants all youth in our community to have the opportunity to participate in our programs, regardless of their financial situation. Outlined below are the policies and procedures for approval:

1. Approved scholarship amounts are based on National School Lunch Program Guidelines and/or Medicare or Medicaid, along with total household income, and completeness of request form and class availability.
2. Exceptions may be made on a case by case basis by the scholarship committee subject to funds availability and class availability.
3. Each request must be accompanied by proof of participation in Medicare or Medicaid eligibility.
4. Please attach any other information you think is needed for the committee to evaluate your request.

Please complete the following:

Parent/Guardian (person requesting scholarship): \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

(Home address): \_\_\_\_\_ P.O. Box \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Total Number in household \_\_\_ Marital Status: Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_

Gross Monthly Income \$ \_\_\_\_\_ Child on School Lunch Program \_\_\_\_\_ Medicare \_\_\_\_\_

Medicaid \_\_\_\_\_

I HAVE READ AND UNDERSTAND THE INFORMATION ABOVE AND I CERTIFY THAT MY CHILD(REN) IS/ARE ON THE SCHOOL LUNCH PROGRAM AND/OR MEDICARE OR MEDICAID.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE DO NOT WRITE BELOW THIS LINE

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RECOMMEND APPROVAL/DISAPPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_

Recreation Director

APPROVE/DISAPPROVE: \_\_\_\_\_ Date: \_\_\_\_\_

City Manager

Approved Fee: \_\_\_\_\_