



SCHOLARSHIP APPLICATION
PARKS & RECREATION DEPARTMENT
200 N. FOSTER AVENUE, LANSING, MI 48912
TELEPHONE: 517-483-4277

WARD # _____

ONLY ONE INDIVIDUAL AND ACTIVITY PER FORM.

MUST BE CITY OF LANSING RESIDENT WHO LIVES WITHIN THE CORPORATE CITY LIMITS AND MEETS THE FEDERAL HOUSING AND URBAN DEVELOPMENT LOW INCOME GUIDELINES FOR THE LANSING AREA.

MUST BE AN ELIGIBLE ACTIVITY OFFERED BY THE PARKS AND RECREATION DEPARTMENT.

APPLICANT'S NAME _____ AGE _____ DATE OF BIRTH _____

ADDRESS _____ ZIP _____

PARENT (S) / GUARDIAN (S) NAME _____ PHONE (cell) _____
(work) _____
(home) _____

ADDRESS _____ ZIP _____

NUMBER OF PERSONS LIVING IN HOUSEHOLD _____

HOUSEHOLD GROSS INCOME FOR LAST YEAR \$ _____

HOUSEHOLD MONTHLY GROSS INCOME NOW \$ _____

****HOUSEHOLD INCOME INCLUDES ALL INDIVIDUALS LIVING IN HOUSEHOLD*****

**Scholarships
CAN NOT exceed \$40
per child per term**

ACTIVITY #	ACTIVITY NAME	LOCATION	DAY/DATE	TIME
_____	_____	_____	_____	_____

AMOUNT OF ACTIVITY FEE \$ _____
AMOUNT OF MONEY I CAN CONTRIBUTE \$ _____
AMOUNT OF SCHOLARSHIP REQUESTED \$ _____

In registering my child for this activity, I hereby release the City of Lansing of all liability for damages or injuries by my child while engaging in this activity. I also authorize that my child may be photographed/video taped and waive all claims by my child for remuneration in any form for the use of such photographs/video tapes for educational programs, public relations programs, and newspaper use.

By signing this form, I acknowledge that the above information given by me is a true statement of fact.

Signature Date E-Mail _____

OFFICE USE ONLY – SCHOLARSHIP AUTHORIZATION

ACTIVITY FEE \$ _____

LESS CONTRIBUTION \$(_____)

SCHOLARSHIP \$ _____

Date received _____ by _____ @
Gier ___ Letts ___ Schmidt ___ Foster/Sports/Admin ___ TD ___

REVENUE ACCOUNT TO CREDIT SCHOLARSHIP _____

AUTHORIZED PERSONNEL: _____ TITLE _____ DATE _____

SCHOLARSHIP RECORDED: (SIGN/DATE) _____

ORIGINAL – Parks & Recreation Administration File