

Please Return to:
 City of Gahanna
 Dept of Parks & Recreation
 200 S. Hamilton Rd
 Gahanna, Oh 43230
 614.342.4250



Important Note: Completing a scholarship application does not guarantee a spot in a program for your child.

2018 Youth Scholarship Application

Scholarship eligibility is determined by participation in the Gahanna-Jefferson Free/Reduced lunch program. Once eligibility is confirmed, a maximum of 1 week of Spring Break Camp, 1 week of Winter Camp and 2 weeks of "full day" Summer Camp may be awarded for each participant, per calendar year.

	<u>Covered by Scholarship</u>	<u>Owed by Participant</u>
Free Lunch Program	75% Program Fees	25% Program Fees + \$30 Admin fee
Reduced Lunch Program	50% Program Fees	50% Program Fees + \$30 Admin fee

Parent/Guardian's Name: _____
First
Middle
Last

Child's Name: _____
First
Middle
Last

Child's Date of Birth: ____/____/____ School Attending: _____
Day
Month
Year

Address: _____
Street Address
Apt. #
City
State
Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Does your family currently qualify for the Free or Reduced Lunch Program? Free Reduced

Has the child received a scholarship for Gahanna Parks & Recreation programs in previous years? Yes No

Scholarship Application Terms and Guidelines

- 1) A copy of the letter proving participation in the Free/Reduced Lunch Program must be provided **at the time of application**. Incomplete applications will not be considered.
- 2) Please provide remaining payment by credit card, cash, or check made payable to: City of Gahanna. *Payment will not be deposited until program registration has been confirmed.*
- 3) All scholarships are subject to availability of funds and class space. The scholarships are awarded on a first-come, first-serve basis for eligible recipients.
- 4) Participant must attend the program for which they receive scholarship funds in order to be eligible to receive funds the following year.

I, _____, certify that the information provided above and enclosed is correct.
Parent/Guardian - Print Name

Parent/Guardian Signature _____ Date _____

Scholarship funds provided by:



For Staff Use Only:
 Date Rec'd: _____
 Approved: _____
 Amt Approved: _____
 Date Approved: _____