



## PARKS & RECREATION

### Scholarship Request Application

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Activity that you wish to register for: \_\_\_\_\_ Fee: \_\_\_\_\_

Please attach proof of residency and two or more of the following:

Extenuating circumstances that necessitate your application for financial assistance: \_\_\_\_\_

- Reduced School Lunch Meal Letter
- State Medical Card
- Parents' Unemployment Check or Approval Letter
- Public Housing Verification
- Proof of income (pay stub, tax return)

I attest, under penalty of perjury, that the documents attached are genuine and that all information provided in this application is accurate and reflective of my current, existing financial situation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form and the required documents to the Collinsville Parks and Recreation Department. Must be returned at least one week before the deadline of the desired program.*

**Collinsville Parks and Recreation Department  
Activity Center  
10 Gateway Drive  
Collinsville, IL 62234**

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#### Office Use Only

Scholarship: Approved  Denied  Authorized Staff: \_\_\_\_\_

Total Amount Approved: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Date Participant Notified: \_\_\_\_\_ Staff Signature: \_\_\_\_\_