



YOUTH SCHOLARSHIP APPLICATION

Liberty Parks & Recreation Charitable Fund

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone #: _____ Work Phone #: _____

Email Address: _____

Child(ren)'s Name:

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

(Copy of children's birth certificate if last name is different from applicants or court documentation showing legal guardianship)

- **QUALIFIER FOR SCHOLARSHIPS:** Families with children in the Liberty School District system that currently qualify for the school lunch program would qualify to apply for scholarship assistance on youth programs.
 - Families qualified for reduced lunches would receive a 50 % discount on youth programs.
 - Families qualified for free and reduced lunches would receive a 75 % discount on youth programs.
- Please provide a copy of the school's approval letter
- Applications are to be submitted four (4) business days before program registration deadline
- Please allow up to two (2) business days for approvals

Each child under the age of 18, in a qualifying family, may receive assistance three times during the year one program from each brochure. (Fall/Winter, Spring, Summer) The application is valid for one year and must be renewed annually with the current school year's approval letter provided.

This request will be reviewed confidentially. By my signature, I am requesting assistance from the Parks and Recreation Department due to my personal circumstances and I certify that all information provided is correct.

SIGNATURE

_____/_____/_____
DATE

