

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.

## 2014 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 and 2 weeks of Summer Camp may be awarded for each participant per calendar year.

	<u>Covered by Scholarship</u>	<u>Owed by Participant</u>
<i>Free Lunch Program</i>	75% Program Fees	25% Program Fees
<i>Reduced Lunch Program</i>	50% Program Fees	50% Program Fees

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 check or money order 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.  
Print Name

Signature \_\_\_\_\_      Date \_\_\_\_\_

Scholarship funds provided by:



**For Staff Use Only:**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Approved:     Yes     No    Authorizing Person: \_\_\_\_\_

Amt Approved: \_\_\_\_\_      Date Letter Sent: \_\_\_\_\_