

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.

## 2019 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>
<b>Free Lunch Program</b>	75% Program Fees	25% Program Fees + \$30 Admin fee
<b>Reduced Lunch Program</b>	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: \_\_\_\_\_