

CITY OF CHANHASSEN - PARKS AND RECREATION DEPARTMENT

RECREATION PROGRAMS SCHOLARSHIP APPLICATION

An adult household member must complete this application before registering for any programs or activities to receive Program Scholarship. Only one form, per family, is required for each calendar year.

Submit completed form to:

City of Chanhassen
Parks and Recreation Dept.
7700 Market Blvd, PO. Box 147
Chanhassen, MN 55317

OR

Chanhassen Recreation Center
Parks and Recreation Dept.
2310 Coulter Boulevard
Chanhassen, MN 55317

PARTICIPANT INFORMATION

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

TOTAL HOUSEHOLD INCOME

Is your family currently on any form of public assistance? Yes No

Indicated number of persons living in your household? 1 2 3 4 5+

Annual Household Income: \$ _____

(Annual Household Income includes: wages, tips, social security, public assistance, interest, etc.)

Basis for request of Program Scholarship: _____

APPLICATION INFORMATION

Participant's Name (include additional family members on back)	Date of Birth

I attest that to the best of my knowledge all of the information provided on this form is current and correct:

Parent, Guardian, or Participant Signature: _____ **Date:** _____

Upon approval of Program Scholarship, participants will not be registered or added to any program rosters until your portion of the program fee is received.

FOR OFFICE USE ONLY

Eligibility Determination: Approved Denied

If denied, indicate reason: Incomplete Application Other: _____

Comments: _____

City of Chanhassen Staff Signature/Title

Date