



# YOUTH SCHOLARSHIP APPLICATION

## STEP 1: Read our Scholarship Policy

The Grand Forks Park District strives to provide access to programs and facilities that promote a healthy and enjoyable lifestyle to all Grand Forks citizens, regardless of income level. In order to achieve this goal, the Grand Forks Park District offers youth scholarships for Choice Health & Fitness programming & memberships to those in need of financial assistance. *(Choice Health & Fitness is owned and operated by the Grand Forks Park District).*

- What does a Choice Health & Fitness Youth Scholarship cover?**

Scholarships may be used to cover up to 50% of a program fee **OR** membership.  
 Each child may receive a maximum of \$60 per year to use towards program fees **OR** membership fees.  
*Please Note: The number of scholarships distributed is based on funding availability.*

- Am I eligible?** We follow federal lunch assistance program guidelines to qualify your eligibility status.
- How do I request a Choice Health & Fitness Youth Scholarship?**

**Program Scholarship:** Submit this completed scholarship application along with the correlating program registration form(s) to the Customer Service desk at Choice Health & Fitness (4401 S. 11 St., Grand Forks, ND) prior to the program registration deadline.  
**Membership Scholarship:** Submit this completed scholarship application to the Membership Coordinator at Choice Health & Fitness (4401 S. 11 St., Grand Forks, ND).

## STEP 2: Answer 3 Questions

- Are you a Grand Forks resident? YES  NO
- Do you qualify for the reduced lunch program with the Grand Forks Public Schools? YES  NO

If you marked "YES" above, please list each child's school lunch ID: \_\_\_\_\_  
 If you marked "NO" above, please list any other information that would qualify you for a scholarship.

*Note: You may be asked to provide us with one of the following:  
 (1) your most recent Federal Tax Return, (2) a SNAP "Review approved" letter, or (3) a TANF approval letter.*

- Are you receiving assistance from another organization? YES  NO   
*(i.e. GF Foundation for Education, GF Social Services, GF Public Schools, Consumer Directions, Spin for Kids, Global Friends Coalition, NE Human Services, etc.)*  
 If you marked "YES" above, please list the organization as well as your contact/case worker's information: \_\_\_\_\_

## STEP 3: Fill Out the Form

**Child Information** | *Please Note: Youth are considered 18 years old or younger & in high school or grades below.*

Child's Name	Birthdate	Has your child previously received a scholarship?		
_____	___/___/___	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Membership / Program: _____ Yr. _____
_____	___/___/___	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Membership / Program: _____ Yr. _____
_____	___/___/___	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Membership / Program: _____ Yr. _____

From the options below, please circle an item you wish to apply a scholarship to:

- Basketball Academy
- Volleyball Academy
- Racquetball Academy
- Swimming Academy
- Tennis Academy
- Tiny Tots Tennis
- 10 & Under Tennis
- Tiny Tots Swimming
- Youth Choice Health & Fitness membership (3 month maximum per year)

### Parent/Guardian Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*By signing this application, I hereby authorize the Grand Forks Park District to verify with the sources referred to above. I affirm that the facts set forth in this application are true and complete. I understand that if I am approved for a scholarship, any false statements, omissions, or other misrepresentations made by me on this application may result in termination of the scholarship.*

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

## STEP 4: Staple Scholarship Application to Program Registration Forms and Hand in to Choice Health & Fitness Front Desk

**OFFICE USE ONLY:** Approved by (Initial): \_\_\_\_\_ Date: \_\_\_\_\_

*It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form.*