

youth recreation SCHOLARSHIPS



The Grand Forks Park District believes all kids need to be active. Through the generous donors of the Grand Forks Parks & Rec Foundation, we have scholarships available for families in need of financial assistance. Don't hesitate, apply today. We're here to help your children be active and healthy!



CHOICE YOUTH MEMBERSHIP & PROGRAM SCHOLARSHIPS

50% of a Youth Membership
(3 month membership)

AND

50% of a Program Fee
(up to \$60 per season)



GF PARKS YOUTH RECREATION SCHOLARSHIPS

50% of a Public Pool Pass

AND

50% of an Activity Fee
(up to \$60 per season)

Apply Today

WHO IS ELIGIBLE?



If your family qualifies for the federal school lunch assistance program **AND** you are a Grand Forks resident, each of your children (under 18 yrs. old) is eligible for a youth recreation scholarship each season.

HOW TO APPLY:

- Simply print off the scholarship form at gfparksfoundation.org/programs/scholarships or pick-up a form at our Main Office
- Submit completed application in-person prior to registration deadline at Park District Main Office (1060 47th Ave. S., GF, ND 58201)

LEARN MORE

Find more about our scholarship program at gfparksfoundation.org

GREAT NEWS!



You can apply for a Park District Youth Recreation Scholarship **each season**



You can apply for a Choice Health & Fitness Youth Membership **every 3 months** **AND** a Choice Youth Program Scholarship **each season**

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 **AND** 50% of a 3-month membership. Each child may receive a maximum of \$120 per year to use towards program fees **AND** 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

1. Are you a Grand Forks resident? YES NO
2. 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.

3. 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 and in high school or grades below.

Child's Name	Birthdate	Previously Received Scholarship?	Requested Program	Youth 3-Month Membership
_____	___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>	Program: _____ Yr. _____	<input type="checkbox"/>
_____	___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>	Program: _____ Yr. _____	<input type="checkbox"/>
_____	___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>	Program: _____ Yr. _____	<input type="checkbox"/>

Programs available for scholarships:

Basketball Academy	Volleyball Academy	Racquetball Academy	Swimming Academy
Tennis Academy	Tiny Tots Tennis	10 & Under Tennis	Tiny Tots Swimming

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.