



Application for Youth Fee Waiver / Scholarship Assistance

Date of Application: _____ School District: _____

Name of Parent or Guardian: _____

Daytime Phone Number: _____

Mailing Address: _____

Participant's Name: _____

Name of Activity/Program: _____

Reason for financial assistance request _____

Have you made previous request for financial assistance? _____

If so, please list dates and activities: _____

What is the amount you can offer to contribute for this activity? _____

This section for office use only.

Documentation for approval:(attach copies) _____

Activity cost per person: _____

Application Approved? YES NO Comments: _____

Dept. Representative signature: _____ Date: _____

If Applicable:

Parks Foundation approval: _____

Check # / Amount: _____

Instructor approval: _____ *Date:* _____