



Recreation Program Scholarship Assistance Application

Dear Applicant,
Please complete the following information and return the application to the **Parks and Recreation Department**. You may mail or deliver it to **900 E. Fairhaven Avenue, Burlington WA 98233**, fax to **360-755-1017** or email to **Recreation@ci.burlington.wa.us**. Please allow at least 14 days in advance of program date for processing.

Date of Application: _____ School District: _____

Name of Participant(s):	Program Name:	Program Date:	Program Fee:
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____

If under 18, Name of Parent or Guardian: _____

Daytime Phone Number: _____ Email: _____

Mailing Address: _____

Reason for financial assistance request: _____

What is the total amount you can contribute for this activity? \$ _____

Have you made previous request for financial assistance? _____

If so, please list dates and activities: _____

This section for office use only

Forwarded to BPF on: _____

Documentation for approval:(attach copies) _____

Scholarship amount requested per person:\$ _____ *Total Amount Requested: \$* _____

Application Approved? YES NO Comments: _____

Dept. Representative signature: _____ *Date:* _____

Burlington Parks Foundation signature: _____ *Date:* _____

Check # / Amount: _____