

## **Chisholm Parks and Recreation Program Scholarships**

The City of Chisholm provides a program for those individuals that may need financial assistance to participate in our recreation programs. The program is available for Chisholm residents only. It is the policy of the City of Chisholm for families who are in need for their children and teens to participate in programs sponsored by the Chisholm Parks and Recreation Department.

### **Who is eligible?**

- All applicants must be residents of the City of Chisholm and Balkan Township.
- Children 17 years and younger.
- Applicants who currently have outstanding balances with the City of Chisholm are not eligible for Program Scholarships.
- Funds are limited and are available on a first-come, first-served basis.
- Program Scholarships will be allowed as resources allow.

### **How much assistance can my family receive?**

- Each eligible family can receive up to \$100 per person per year with the family maximum of \$200 per year.
- A minimum co-payment of 20% will be required at the time of registration for all programs. Payment plans are not available to cover the co-payment for those eligible for Program Scholarship.

### **What programs are eligible for Scholarships?**

- Scholarships are available for Youth Leagues and the Chisholm Summer Recreation Program (CSRP).

### **Criteria**

- Funds are available to families who receive WIC, MFIP, SNAP, or free lunch in ISD #695.
- A parent or guardian will need to fill out the application form and provide proof of residency with a valid state-issued picture ID.
- If for any reason you wish to cancel your scholarship, it is your responsibility to write a letter stating you are dropping out of the program. This must be done two weeks prior to the start of the program start date. Failure to provide a two week notice that you are not using the scholarship allocation can result in probation or removal of scholarship allocation.

# Chisholm Parks & Recreation

## Scholarship Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

This scholarship will be used for the following program: \_\_\_\_\_

Program scholarships will be allowed as resources allow.

Applicant must pay a minimum co-payment of 20% of fees.

Applicant must provide supporting documentation to be considered for the scholarship:  
Funds available to families that receive WIC, MFIP, SNAP and free or reduced in ISD # 695.

Applicant must provide proof of residence within the City of Chisholm or Balkan Township.

To the best of my knowledge, the information provided is accurate. I understand that misrepresenting could result in and inability to receive Chisholm Parks & Recreation scholarships in the future.

\_\_\_\_\_  
Signature of Parent / Guardian Signature

\_\_\_\_\_  
Date

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

#### FOR OFFICE USE ONLY:

Eligibility Determination:      Approved       Denied

If denied, indicate reason:      Incomplete Application       Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
City of Chisholm Staff Signature/Title

\_\_\_\_\_  
Date