



Chisholm Parks and Recreation Program Scholarships

The City of Chisholm provides a program for individuals who may need financial assistance to participate in our recreation programs. The program is available for Chisholm and Balkan 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, Trails, and Recreation Department.

Who is eligible?

- All applicants must be residents of the City of Chisholm or Balkan Township
- Children 17 years and younger.
- Applicants who currently have outstanding balances with the City of Chisholm are not eligible for Program scholarships, unless approved by director.
- Funds are limited and are available on a first-come, first-served basis.
- Program scholarships will be offered 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?

- Scholarship is 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.



Financial 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:

APPLICANT RESPONSIBILITIES:

- Applicant must pay a minimum co-payment of 20% of fees.
- Funds available to families that receive WIC, MFIP, SNAP and free or reduced in ISD # 695.

Applicant **must provide supporting documentation** to be considered for the scholarship:

- 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

After approval of Program Scholarship, participants will be registered or added to the applied program roster upon receipt of determined co-payment.