

CITY OF LANSING
Parks & Recreation Department
SCHOLARSHIP PROGRAM

Description: Qualifying individuals or families who live within the city limits of Lansing are eligible to apply for assistance for dependents to participate in Parks and Recreation programs free of charge.

Eligibility

- Applicants must be residents of the City of Lansing. Applicants residing outside the city limits are not eligible.
- To qualify for a Parks and Recreation Scholarship you must meet the requirements of the FDA for the free school lunch program, (the reduced lunch program does not qualify).
- Dependents of qualified persons must be 18 years old or younger and attending school.

Application Procedures

1. The application must be completed and returned to the Parks and Recreation office no later than 2 weeks prior to the end of registration.
2. Applicant must provide proof of all household income by submitting current paystubs or tax documents to the Parks and Recreation Department office (Monday – Friday, 8:00 a.m. to 4:30 p.m.) and provide application information in person.
3. After your application is approved:
 - a. To register for an activity the parent or guardian of the participant must go to the Parks and Recreation office during regular business hours.
 - b. Parents and or Legal Guardians must complete all applicable registration and waiver forms for each activity.

Other Information

- Some activities may be exempt from funding by scholarship. Examples include special programs or promotions, activities not sponsored by the Parks and Recreation Department, or activities with a contracted vendor.
- Scholarships are valid for one activity only. The application process must be completed for each registration period.
- Scholarship recipients must follow all Parks and Recreation Department rules, regulations and policies. Failure to do so will result in revocation of scholarship and loss of privileges.

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SCHOLARSHIP APPLICATION

Application Date: _____

Applicants Name: _____

Address: _____

Phone: _____

PERSONAL INFORMATION:

Number of people residing at the above listed address: _____

Total annual household income: _____
(Attach current pay stub or current tax document)

Dependent's Name(s): (Include last name if different)	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

STATEMENT OF APPLICANT:

I do hereby solemnly swear, (or affirm) that the information provided herein is true and correct.

Applicant's Signature Date

OFFICE USE ONLY

Date Received: _____ By: _____

