## Recreation Scholarship Application Guidelines



**Purpose:** - To allow every City of Mt. Pleasant resident the opportunity to participate in recreation activities regardless of household financial conditions. The Recreation Scholarship program was developed to facilitate opportunities for individuals and families with demonstrated financial needs.

**Who Quali ies?** – Any City of Mt. Pleasant resident, age 17 and under, who meets the qualification standards listed below in Table 1, and whose parent/guardian submits the Scholarship Application along with the required documentation.

Scholarships are limited to Recreation Department programs and do not include programs run by outside entities. A separate scholarship application must be completed for the PEAK Program. Applicants will be notified of scholarship approval status.

**How to Apply** – Complete the Scholarship Application form, which must be signed by a parent/guardian of the named youth applicant. One of the following pieces of documentation must accompany the application form:

- Approved Reduced Lunch Program Form;
- Pay Stub;
- W-2 Form;

- Tax Return including Schedule C;
- Social Security and/or Unemployment Statements.

Total family annual income must include the following before deductions for taxes:

- Monetary compensation for services, including wages, salary, commissions for fees;
- Net income from self-employment;
- Social Security;

- Public assistance or welfare payments;
- Alimony or child support payments;
- Regular contributions from persons not living in the household;
- Other cash income.

## **Other Important Information**

- Scholarship amounts are based on total family size and total family annual income level (see Table 1).
- Completing a Scholarship Application DOES NOT register your child. Please complete the required registration form.
- All participants are expected to pay the scholarship rate advertised.
- Scholarships will be provided on a firstcome, space-available basis.

Table 1	Based on 2022/23 Free and Reduced Lunch Program Requirements				
Total Family Size	Total Annual Family Income*				
Total Fairling Size	Scholarship Eligibility				
2	\$33,874				
3	\$42,606				
4	\$51,338				
5	\$60,070				
6	\$68,802				
7	\$77,534				
8	\$86,266				
For each additional family member, add:	+\$4,720				

<sup>\*</sup>Total family annual income from all sources before deductions for taxes, insurance premiums, bonds, and other employee deductions.

**Confidentiality** - Mt. Pleasant Parks and Recreation will only use application information to determine scholarship status. Personal finances will not be discussed outside of the department. Coaches, instructors, or program leaders will not be informed of a participant's financial or scholarship status.

## Scholarship Application Form



To be completed by a parent or guardian

(Y:\PRC2\Scholarships\ScholarshipApplication)

Please return to: Mt. Pleasant Parks and Recreation

320 W. Broadway

please print neatly or type				Mount Pleasant, MI 48858 parks-rec@mt-pleasant.org				
Parent/Guardian:					parks rece	giii picusi	untiong	
Address:					1t Pleasant MI 48858			
Home Telephone: Work Telephone:								
Number of family membe	rs residing	at abo	ve address:					
Do you currently qualify for the Free/Reduced Lunch Program? Yes					Yes	No		
List family members applying for scholarships below (age 17 and				7 and u	nder):	Joint C	Joint Custody	
Child's Full Name				Age	School Attending	Yes	No	
						1		
Do you receive financial a	ssistance f	rom an	y of the follo	wing? (	check all that apply)			
<b>Department of Hum</b>	an Service	es	Social Se	curity	Academic S	Scholars	hip	
<b>Child Support</b>	Other (	Explain	source.)					
Name of Case Worker:					Phone:			
Are you employed?	No Y	es I	f yes, who is	your en	nployer?			
Total Family Income (incluscholarships, and regular cosubstantiate income shall in W-2 Form, DHS Form, per year	ontributions oclude one Social Se	s from p of the fo ecurity a	person not livi ollowing: A and/or Unemp	ng in ho pproved loymen	usehold). Supportive d Free and Reduced L t Annual Statements.	docume unch Pro \$ pe	entation to ogram Form, er month.	
I,and Recreation officials to was misrepresentation of information hereby certify that all of the	erify inforn nation subje	nation c ects the	on this applica applicant to l	tion. I al being dis	so understand that d squalified for scholar	deliberate ship cons	e sideration. I	
Signature of Applicant:					Date:			
FOR OFFICE USE ONLY Date Approved Approved								
Level Approved% Max. Am								