



STEVEN SEELHAMMER YOUTH SCHOLARSHIP ASSISTANCE PROGRAM



Personal Information

Name: _____
 Street: _____
 City: _____
 Do you live in the Cedar Falls School District: Yes No

Cell Phone: _____
 Home Phone: _____
 Email: _____
 School Student(s) Enrolled In: _____

First and Last Name

Adult/Grade

Age

First and Last Name	Adult/Grade	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referred by: _____ Position/Title/Agency: _____
 Are you on the school reduced/free lunch program? Y / N Are you receiving any other financial assistance? Y / N
 If Yes, please list: _____ Gross annual household income: _____
 Reason for requesting assistance (Or other comments)

Assistance Requested:

Participants Name	Program	Fees
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: *I acknowledge that all the above information is accurate.* _____

Note: No one will be issued a pass or registered into a class until this application has been approved.

- Applicants are reviewed weekly after the appropriate registration start date.
- Education based programs will be awarded up to ¾ of the cost of each, not exceeding \$100 per person or \$150 per family.
- Scholarships for pool pass or other recreation activities will be awarded up to ½ of the cost.
- A copy of your most current tax forms need to be handed in with the scholarship form. They will be shredded after review.
- The scholarships are reviewed by the Recreation Section Staff and if needed the Park & Recreation Commission.
- They are available first come, first serve basis with the emphasis in the educational programs.
- **Family Members**
Family members are defined as an adult or two adults who are related through marriage; any child who is related to either or both of the adults and who are claimed as a dependent for income tax purposes.
- Scholarship annual benefit will not exceed \$1,000 per calendar year. If the balance in the scholarship fund reached \$10,000 or less, the annual benefit will fall not to exceed \$500 per calendar year.

Approved by: (Staff Only)	_____
Comments:	_____

Date Received:	_____