

**COTTAGE GROVE PARKS & RECREATION DEPARTMENT
SCHOLARSHIP APPLICATION**

This application is confidential

The Cottage Grove Parks & Recreation Department believes everyone should have the opportunity to participate and enjoy recreational experiences

- ◆ All applicants must be residents of the Village or Town of Cottage Grove.
- ◆ No age restrictions apply.
- ◆ This form must be updated at the beginning of each new school year.
- ◆ A copy of the current year's income tax return and/or current waiver or reduction by the School District for school lunches must accompany this application
- ◆ Some activities are exempted from the reduction in fees where the program cost is set outside of the Parks and Recreation Department. Inquire with department for program specifics.
- ◆ Scholarship application should be turned in at least one week before program deadline.
- ◆ Payment of 50% of the fee is necessary at the time of program registration.
- ◆ If a program is canceled, you will be refunded only the portion of the fee paid.

COMPLETE FRONT AND BACK OF FORM

Head of household: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Employer: _____

Address: _____

City: _____ Zip: _____

Spouse Employer: _____

Address: _____

City: _____ Zip: _____ Phone: _____

What school(s) does your child(ren) attend? _____

Does your child receive reduced or free school lunches? Reduced Free (please circle one)

Total household monthly gross income? _____

WAIVER FOR PARTICIPANT (S)

In consideration of your accepting this entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Cottage Grove Parks and Recreation, Village of Cottage Grove and it's representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. Parent or legal guardian must sign for any child under 18 entering the program.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at a qualification decision to the scholarship program.

Signature: _____ Date: _____

List only household members as shown on your current year income tax return

Name	Relation	Birthdate	Age
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			