Town of Castle Rock
Parks and Recreation Department
Scholarship Program Application

Applicant's Name: _____
(One person per application)
Parent/Guardian Name(s): _____

Address: _____

Phone (home): _____(work): _____

Email: _____

Please list your activity choice in which you are applying for a scholarship

	1st choice	2nd choice
Activity Name	_____	_____
Session Dates	_____	_____
Activity Price	_____	_____
Requested Amount	_____	_____

How will you benefit from the requested recreation activity?
_____
_____
_____

Please indicate which of the following state and federal assistance programs that you presently participate in: (supporting documentation must be attached)

- ☐ Aid to Families with Dependant Children (AFDC)
- ☐ Supplemental Security Income (SSI)
- ☐ Supplemental Security Disability Insurance (SSDI)
- ☐ Reduced Lunch Program/Free Lunch Program
- ☐ Subsidized Housing (HUD)
- ☐ Food Stamps
- ☐ Other (Please provide any other information that would further explain your financial situation)

Household annual income: $_____

***Previous year Income Tax return MUST be submitted with application.**
Letter of reference (i.e. from a teacher, neighbor, doctor etc) are optional and may be attached. All applicants are welcome to submit with this application any additional information that would pertain to being considered for scholarship assistance.

I certify that to the best of my knowledge the information I have provided is true.

Applicant/Guardian Signature: _____ Date: _____

*Efforts are made to keep confidential all information concerning applicants and recipients.

RETURN TO: Scholarship Coordinator
Castle Rock Community Recreation Center
2301 N. Woodlands Boulevard
Castle Rock, CO 80104

DEADLINES: January 15, May 15 and/or September 15

Application must be filled out completely and all necessary documentation attached to be considered for a scholarship.