

BRECKENRIDGE RECREATION DEPARTMENT

Application for Scholarship



TOWN OF BRECKENRIDGE
RECREATION CENTER

In an effort to provide all Breckenridge residents access to our programs, individuals may use this form to apply for a scholarship which may cover a part or the majority of a program fee or facility pass. All submitted applications will be reviewed based on the expressed need of the individual applicant. Return the completed application to the Breckenridge Recreation Center. The scholarship committee meets on the 15th of each month. Scholarships are awarded seasonally for all youth programs. The committee will review each scholarship and if approved your child will receive up to 25 percent off all youth programs for each requested fall, winter, or summer semester. Scholarships are only applicable for that semester. Scholarship applications must be completed for every new semester with updated information. Applications for scholarships for recreation programs must be submitted 15 days prior to the programs start date. These programs may fill and scholarship approval does not guarantee a spot in the program as these are filled first come first serve. Once awarded a scholarship you will be contacted via email and you may sign up via the front desk at the Recreation Center. Scholarships will be able to be redeemed online.

Please complete in full and print or type all responses.

Date: _____ **Semester:** Fall (Aug- Dec) Winter (Jan- May) Summer (Camps) Memberships

Please specify if request is for Youth Programs and or Rec Center Membership:

Total Scholarship Request: _____ %

APPLICANT INFORMATION- PERSON TO RECEIVE SCHOLARSHIP

Last Name		First	Initial	
Street Address			Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date of Birth		Gender (Check One)	Male	Female
Parent/Guardian (If under 18)				

Please provide a brief explanation of your need for a scholarship: *(use 2nd sheet of paper if necessary)*

Please include copies of any documentation that may demonstrate your need for financial assistance with this application. Documents will be kept on file for 12 months and will be kept confidential. Check the following documents you are providing:

<input type="checkbox"/> CHP+ - Medicaid – State Low Income	<input type="checkbox"/> Colorado Indigent Care Program Card	<input type="checkbox"/> Women/Infant/Children Card
<input type="checkbox"/> Letter of Approval for Free or Reduced School Lunch	<input type="checkbox"/> CCAP – Summit County Assistance Program	<input type="checkbox"/> Other: Please Specify

Applicant Signature (Parent/Guardian if under 18)/Date: _____

OFFICE USE ONLY BELOW THIS LINE

Date Application was Received: _____ Date Applicant was Notified of Approval/Denial: _____

Supervisor/Director (if more than 25% scholarship requested): Approved Denied
