



**SCHOLARSHIP APPLICATION**  
PARKS & RECREATION DEPARTMENT  
200 N. FOSTER AVENUE, LANSING, MI 48912  
TELEPHONE: 517-483-4277

WARD # \_\_\_\_\_

ONLY ONE INDIVIDUAL AND ACTIVITY PER FORM.

MUST BE CITY OF LANSING RESIDENT WHO LIVES WITHIN THE CORPORATE CITY LIMITS AND MEETS THE FEDERAL HOUSING AND URBAN DEVELOPMENT LOW INCOME GUIDELINES FOR THE LANSING AREA.

MUST BE AN ELIGIBLE ACTIVITY OFFERED BY THE PARKS AND RECREATION DEPARTMENT.

APPLICANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT (S) / GUARDIAN (S) NAME \_\_\_\_\_ PHONE (cell) \_\_\_\_\_  
(work) \_\_\_\_\_  
(home) \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

NUMBER OF PERSONS LIVING IN HOUSEHOLD \_\_\_\_\_

**HOUSEHOLD** GROSS INCOME FOR LAST YEAR \$ \_\_\_\_\_

**HOUSEHOLD** MONTHLY GROSS INCOME NOW \$ \_\_\_\_\_

**\*\*HOUSEHOLD INCOME INCLUDES ALL INDIVIDUALS LIVING IN HOUSEHOLD\*\*\***

Scholarships  
**CAN NOT** exceed \$40  
per child per term

ACTIVITY #	ACTIVITY NAME	LOCATION	DAY/DATE	TIME
_____	_____	_____	_____	_____

AMOUNT OF ACTIVITY FEE \$ \_\_\_\_\_  
AMOUNT OF MONEY I CAN CONTRIBUTE \$ \_\_\_\_\_  
AMOUNT OF SCHOLARSHIP REQUESTED \$ \_\_\_\_\_

In registering my child for this activity, I hereby release the City of Lansing of all liability for damages or injuries by my child while engaging in this activity. I also authorize that my child may be photographed/video taped and waive all claims by my child for remuneration in any form for the use of such photographs/video tapes for educational programs, public relations programs, and newspaper use.

By signing this form, I acknowledge that the above information given by me is a true statement of fact.

Signature \_\_\_\_\_ Date \_\_\_\_\_ E-Mail \_\_\_\_\_

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**OFFICE USE ONLY – SCHOLARSHIP AUTHORIZATION**

ACTIVITY FEE \$ \_\_\_\_\_

LESS CONTRIBUTION \$(\_\_\_\_\_)

SCHOLARSHIP \$ \_\_\_\_\_

Date received \_\_\_\_\_ by \_\_\_\_\_ @  
Gier \_\_\_ Letts \_\_\_ Schmidt \_\_\_ Foster/Sports/Admin \_\_\_ TD \_\_\_

REVENUE ACCOUNT TO CREDIT SCHOLARSHIP \_\_\_\_\_

AUTHORIZED PERSONNEL: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SCHOLARSHIP RECORDED: (SIGN/DATE) \_\_\_\_\_

ORIGINAL – Parks & Recreation Administration File