



Application for Scholarship

Please bring this application to the Montrose Community Rec Center,
16350 Woodgate Rd. in Montrose. Please print in blue or black ink.

Applicant Information

Participant Name:	Participant Date of Birth and Age:		
Parent/Guardian Name if different than above:	Male or Female		
Address:	City:	State:	Zip:
Phone:	Email:		
School:	Ethnicity:		
Referred By (optional):	Ethnicity (optional):		

Note: Your information will be kept confidential.

Requesting Assistance for (all youth and 55+ programs are eligible and CRC 20 punch pass):

I agree to all terms and conditions the Montrose Recreation District sets forth for all programs and memberships. If applicable, I will pay the remaining balance of my registration fees or forfeit my right to the awarded scholarship. Please note that each family must show proof of financial need. These include Free or Reduced Lunch (youth only), Health and Human Services, Sharing Ministries, WIC, Medicaid, Low Income Senior Housing (senior only), L.E.A.P. etc. All information is kept confidential and is only used to determine eligibility for financial assistance. There is a \$50 limit per participant, per year for program scholarship assistance, which may be applied for any MRD youth program, any 55+ program or the youth or senior 20 punch pass to the CRC.

Applicant Signature

Date

MRD USE ONLY:

Total Program Fee:	Proof of Financial Need
Amount Awarded:	Date Issued:
Remaining to be paid:	Staff Signature:



Solicitud de Asistencia Financiera

Por favor escriba toda la información y el uso de tinta azul o negro.

Información del solicitante:

Nombre del participante:		Fecha de nacimiento:	
Nombre del padre o tutor si es diferente a la de arriba:			
Dirección:	Ciudad:	Estado:	Código Postal:
Teléfono:	Email:		

Solicitud de ayuda para:

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Firma del solicitante

Estoy de acuerdo con todos los términos y condiciones de los Distritos Montrose Recreación establece para todos los programas y la pertenencia pases, y en su caso, voy a pagar el saldo restante de mis gastos de inscripción o perder mi derecho a la beca adjudicada. Tenga en cuenta que cada familia debe mostrar una prueba de necesidad económica (almuerzo reducido, Salud y Servicios Humanos, Sharing Ministries, WIC, etc). Toda la información se mantendrá confidencial y sólo se utiliza para determinar la elegibilidad para asistencia financiera. **Hay un límite de \$ 50 por una persona.**

Firma del solicitante

fecha

Total Program Fee:	Proof of Financial Need
Amount Awarded:	Date Issued:
Remaining to be paid:	Staff Signature: