



Personal Information:

Name: _____ Cell Phone: _____
 Street: _____ Home Phone: _____
 City: _____ Email: _____
 Do you live in the Cedar Falls School District: Yes No School Student(s) Enrolled In: _____

Family Members

A family is defined as ALL of the following. 1) an adult or two adults who are related to each other by marriage;
 2) any child who is related to either or both of the adults by blood, marriage, adoption or legal guardianship, claimed as dependents for income tax purpose; and 3) all of whom occupy a single dwelling unit on a regular continuing basis.

Name	Adult/Grade	Age

Referred by: _____
 Position/Title/Agency: _____

Are you on the school reduced/free lunch program? Y / N
 Are you receiving any other financial assistance? Y / N

If Yes, please list: _____
 Gross annual household income \$ _____
 Reason for requesting assistance (*Or other comments*) _____

Assistance Requested:

Participants Name	Program	Fees

Signature: *I acknowledge that all the above information is accurate.* _____

Note: No one will be issued a pass or registered into a class until this application has been approved.

Approved by: (Staff Only)	
Comments:	

1. Applications reviewed weekly after the appropriate registration start date.
2. Program Scholarships will be awarded up to ¾ of the cost of each, not exceeding a \$100 per person or \$150 per family.
3. Pool Scholarships for Passes will be awarded up to ½ the cost.
4. A copy of your most current tax forms needs to be handed in with the scholarship form. Your tax forms will be shredded when approved.

Date Received: _____