

# MCSRA SCHOLARSHIP APPLICATION

Today's Date \_\_\_\_\_



Participant Name \_\_\_\_\_ Age \_\_\_\_\_ M F

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Participant Name \_\_\_\_\_ Age \_\_\_\_\_ M F

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ M F

Parent/Guardian Name (If under 18) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

## Household Information:

Number of persons in household \_\_\_\_\_

Place of Employment of Participant \_\_\_\_\_

Place of Employment of Father (If under 18) \_\_\_\_\_

Place of Employment of Mother (If under 18) \_\_\_\_\_

Place of Employment of Guardian (If under 18) \_\_\_\_\_

Total income of household: per month \_\_\_\_\_ per year \_\_\_\_\_

If you receive any additional sources of income state amount of **MONTHLY BENEFITS:**

Child Support \_\_\_\_\_ Social Security \_\_\_\_\_

Unemployment Insurance \_\_\_\_\_ Public Aid \_\_\_\_\_

Aid for Dependent Children \_\_\_\_\_ Other \_\_\_\_\_

**Special Circumstances:** Please describe any special circumstances including i.e. catastrophic incident, family dissolution, income loss, illness, loss of employment, etc., which would contribute to the need for a reduction or wavier of fees.

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Program/Activity \_\_\_\_\_ Date(s) \_\_\_\_\_

How much does the activity/program cost? \_\_\_\_\_

How much can you afford to pay for this activity/program? \_\_\_\_\_

Have you ever received a MCSRA Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you normally participate in MCSRA/Special Olympics activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this your first time participating in this activity? Yes \_\_\_\_\_ No \_\_\_\_\_

**Statement of Application:** I certify that all the information provided to the McDonough County Special Recreation Association in conjunction with Special Olympics in this application for wavier or reduction of fees is true. I understand that providing false information will make me ineligible for any scholarship benefits. I understand that the information provide is confidential and is for the sole purpose of determining the financial need for a possible scholarship.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian (If minor)

The scholarship committee meets every Tuesday to determine scholarships. **Applications MUST BE SUBMITTED to the committee at least two weeks before the activity/program starting date to be considered.**

**Scholarship funds are provided through Macomb Park District Acorn Fund as well as local organizations that assist in supporting participants and their families. There is limited funding available for non-residents.**

**\*\*A separate request must be made for each activity.**

**\*\*Applicants will be required to provide proof of residency in the McDonough Park District and surrounding areas.**

