

MARYVILLE PARKS AND RECREATION YOUTH SCHOLARSHIP REQUEST

I am requesting a scholarship for my child to participate in a MPR program/activity. I will also fill out a program registration form in addition to this scholarship request, and attach them together.

CHILD'S NAME			_ AGE
GRADE	SCHOOL NAME		
ADDRESS			
CITY	P	HONE #	
PARENT'S NAME (PRINTE	D)		
PARENT'S EMAIL			-
PROGRAM/ACTIVITY			_
(CHECK ONE) LEAGUE	CLINIC	EVENT	
PARENT'S SIGNATURE		DATE	
Do you or your child recei	ive any of the following ben	efits: (check all tha	t apply)
Free/Reduced lunch	Backpack Buddies _	EBT/Food	d stamps
Big Brothers/Big Sisters _	Single Parent Hou	ısehold (parent wo	rking full time)
		· – –	
MPR APPROVAL		DATE	·
and activities. Please allow I	rogram are limited, but we str MPR staff three business days or email about your request.		, , ,
GL Account:	Amount of scholarship:		