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 _____ PHONE # _____

PARENT'S NAME (PRINTED) _____

PARENT'S EMAIL _____

PROGRAM/ACTIVITY _____

(CHECK ONE) LEAGUE _____ CLINIC _____ EVENT _____

PARENT'S SIGNATURE_____ DATE_____

Do you or your child receive any of the following benefits: (check all that apply)

Free/Reduced lunch_____ Backpack Buddies _____ EBT/Food stamps _____

Big Brothers/Big Sisters _____ Single Parent Household (parent working full time) _____

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MPR APPROVAL _____ **DATE** _____

Funds for this scholarship program are limited, but we strive to accommodate youth in our programs and activities. Please allow MPR staff three business days to process the request. You will hear from MPR staff either by phone or email about your request.