



Baldwin City Recreation Commission  
 705 High St.  
 Baldwin City, KS 66006

## SCHOLARSHIP ASSISTANCE APPLICATION

The following information is confidential and will only be used for the determination of eligibility of and amount of assistance to be provided by the Baldwin City Recreation Commission for the children and requested assistance for the activities listed below.		
Child's Full Name:		
Parent (Guardian) Name:		
Child's School Attended:		Birth Date:
Child's Home Address:		
Child's Parent(s) Phone:	Home:	Work:
Email Address:		
Total Number of Family Members Living in this Household:		
Family Status: <i>(Circle One)</i>	Single Parent	Married
T-Shirt Size for Program applying for: YS YM YL AS AM AL AXL		
For what program are you applying for assistance: <i>(Choose one only)</i>		
To The Parent (Guardian): Please tell us why you are asking for this assistance?		
Is a parent or the child listed above, willing and/or able to perform Community Service in return for the activity fees required for the above requested program?  <i>Community Service can consist of light duty chores such as simple cleaning of equipment, picking up trash, working with maintenance staff at BCRC facilities, maintaining plant areas, etc.; or assisting Supervisory Staff in the department with small office related projects.</i>	<i>(Circle One)</i>  YES                      NO	
<b>By completing this form, I am applying for the Scholarship Assistance administered by the Baldwin City Recreation Commission. I understand the BCRC will equally evaluate the information on this form and will determine the amount of financial assistance accordingly.</b>		
Parent's (Guardian) Signature:	Date:	
Recreation Director Approval Signature:	Date:	
<b>We are pleased to inform you that your child has been awarded a Scholarship Assistance Grant in the amount of:</b>	%	