

BALDWIN CITY RECREATION
SCHOLARSHIP APPLICATION FORM

DATE _____

PARENT'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

IS YOUR FAMILY ELIGIBLE FOR? FREE LUNCHES REDUCED LUNCHES

DOES YOUR CHILD HAVE UNITED HEALTHCARE? _____

PLEASE INDICATE CIRCUMSTANCES THAT SHOULD BE CONSIDERED WHEN REVIEWING THIS APPLICATION:

CHILD'S NAME	ACTIVITY	FEE	ACTION

WOULD YOU BE ABLE TO SET UP A PAYMENT PLAN? YES NO

IF YES, I COULD PAY \$ _____ PER WEEK OR MONTH (circle one)