

BALDWIN CITY RECREATION COMMISSION

SCHOLARSHIP APPLICATION FORM

DATE _____

PARENT'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

IS YOUR FAMILY ELIGIBLE FOR? ___ FREE LUNCHES ___ REDUCED LUNCHES

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

| CHILD'S NAME | ACTIVITY | FEE | ACTION |
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WOULD YOU BE ABLE TO SET UP A PAYMENT SCHEDULE? ___ YES ___ NO

IF YES, I COULD PAY \$_____ PER ___ WEEK ___ MONTH

