

Individual Scholarship Application

- One scholarship per person per calendar year, dependent upon funds. Hamilton County residents are given priority.
- Partial Scholarships are available; there is a limited amount of scholarship funds.
- Must supply documentation requested below in #7 and #8.

Individual/Parent/Guardian information: 1. Individual/Parent(s)/Guardian(s) name:	_
2. Home Address:	
3. City, State, Zip Code:	
4. Phone #:	
5. E-mail address:	
6. Household Size (include parents/guardians and children):	
7. Please provide a copy of one of the following: federal income tax return, documentation of public aid re	eceived which
includes a case number if applicable, school lunch program, documentation of other extenuating circumstance and control of the extenuation circumstance and control of the extenuation circumstance and control of the extenuation circumstance and circumstan	ances.
8. Please provide a copy of a utility bill or other documentation of address.	
Program Information: 9. Program Title:	
10. Program Date(s):	
11. Program Cost:Portion Applicant Can PayAmount requested for Scholarship	
Participant Information: 12. Name:	
13. Date of Birth:	
14. If a child, grade attending currently:	
15. If a child, school attending in the Fall:	
16. Applicant, please tell us why you are interested in attending this program. For parents of younger chil	dren, (10 years and
under), please tell us why your child is interested in attending. Please use the back of this form or a separate	ate sheet.
17. If you have additional information you think we should know, please use the back of this form or a sep	arate sheet to let u
know.	
Signature of Participant Date:	
If under 18, signature of Parent/Guardian Date:	

Board of Park Commissioners

Please deliver/mail this form and documentation to Director of Programming, Great Parks of Hamilton County, 10245 Winton Road,
Cincinnati, Ohio 45231 at least one month in advance of the program.