

Scholarship Application

- One scholarship per group per calendar year. Hamilton County residents are given priority. Out-of-county groups will be considered if funds are available.
- Application <u>must be received a minimum of two weeks</u> prior to the program.
- Application <u>must be filled out completely and must attach program confirmation sheet</u>.
- Partial Scholarships are available; there is a limited amount of scholarship funds.
- Groups cannot receive a scholarship on a discounted program.

	ition information: zation name:				
					_
2. Name and Pho	one # of Contact Person:				_
3. E-mail address	s of contact person:				_
4. Group Size:	# of adults	# of children	If a school, # of cl	asses	_
Will chaperones	be participating?				_
5. Ages or grade	level:				_
6. Brief descripti	on of your organization:				_
7. Reason a scho	larship is needed:				_
8. For school gro	ups, family income level	of participants:			
% of far	nilies that qualify for fre	e lunch or reduced lund	ch program in the building	g.	
Other organized	groups:				
% of go	vernmental or other ass	sistance received for eit	her the individuals or the	e organization	
Program Informa					
12. Program Date	e(s):				_
13. Program Cos	t:Porti	on you can pay	Amount	Requested	_
14. Anticipated o	outcomes from participa	tion?			
					_
	hat all of the above info fy the information on th		rect. In addition, I unders	stand that the Great Parks	of Hamilton
Signature of Sch	ool Principal or Group A		Date:	_	
Signature of Con	ntact Person			Date:	_
Position of Cont	act Person				

Please mail/return this form to Director of Programming, Great Parks of Hamilton County, 10245 Winton Rd., Cincinnati, Ohio 45231

Board of Park Commissioners