



# City of Winona-Park & Recreation 2021 Scholarship Application

Fill out form completely and list everyone currently living in your household only.

Adult Name: First \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male/Female  
Last \_\_\_\_\_

Adult Name: First \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male/Female  
Last \_\_\_\_\_

Child's Name: First \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male/Female  
Last \_\_\_\_\_

Child's Name: First \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male/Female  
Last \_\_\_\_\_

Child's Name: First \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male/Female  
Last \_\_\_\_\_

Child's Name: First \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male/Female  
Last \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**If Living in this Household:**

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

1. Do you qualify for the free or reduced lunch program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the letter from the School's Nutrition Office stating free or reduced.

WAPS Nutrition Office: 507-494-0830 WACS Food Service Office: 507-474-9250

If you do not have a letter from your school, we will also accept a copy of your 2020 tax form 1040/1040A.

2. Within the last 10 months has there been a financial hardship for your family?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**\*\* A COPY OF THE SCHOOL NUTRITION LETTER OR TAX FORM MUST BE TURNED IN WITH THIS FORM \*\***

I verify that all the above listed information is 100% accurate. If any information is found incorrect, I understand my registration/membership will be withdrawn and my payment will be forfeited.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY:</b>	SC-R _____	SC-F _____	SC-H _____
	Tier 1 _____	Tier 2 _____	Tier 3 _____