



City of Winona-Park & Recreation 2020 Scholarship Application

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

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 2019 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 If any information is found incorrect, I understand my registration/membership will be withdrawn and my payment will be forfeited.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

OFFICE USE ONLY:	SC-R _____	SC-F _____	SC-H _____
	Tier 1 _____	Tier 2 _____	Tier 3 _____