

# Parks & Rec Scholarship Request

River Falls Parks & Rec / 222 Lewis St / River Falls, WI 54022 / 715-425-0924 / recassistant@rfcity.org

The River Falls Parks and Recreation Department believes in providing services and programs to all who wish to participate, regardless of financial status. Applicants must live in the City of River Falls. Our scholarship program is made possible by the generosity of local businesses and community groups. All information must be completed yearly to be considered for scholarship funding. Approval will be granted based on availability of funds and activity availability. Please mail/drop off this form and required documentation at City Hall and you will be contacted.

- Photo ID and an acceptable verification must be presented:  
 SDRF FREE lunch letter     SNAP/Quest letter     BadgerCare     Hardship description

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** River Falls **State:** WI **Zip:** 54022

**Cell phone:** \_\_\_\_\_ **2nd/emergency phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please indicate why you are requesting assistance for the programs below:** \_\_\_\_\_

We can only offer scholarships for activities led by City summer recreation staff or for daily pool passes. In the table below, indicate what programs you are requesting assistance for. Start with your most important request at the top. You will be asked to pay the t-shirt fee, if applicable.

Activity	Level	Day/Dates	Time	Fee	Participant Name	Birthdate	M/F	Grade

Cheer, Baseball, T-ball only - circle child shirt size below:

Youth XS (4/5) / Youth Sm (6/8) / Youth Med (10/12) / Youth L (14/16) / Ad Sm / Ad Med / Ad L / Ad XL / Adult XXL

Evening T-ball and Baseball only - are you willing to be a coach or co-coach for your child's team? Yes \_\_\_ No \_\_\_

If yes, coach name / cell / email: \_\_\_\_\_

T-Ball or Baseball one friend request (only if registered by deadline): \_\_\_\_\_



\*\*\*For office use only\*\*\* Viewed verification (initials)\_\_\_ Partial Scholarship\_\_\_ Full Scholarship\_\_\_ Total \$ \_\_\_\_\_

I hereby register myself/my child to participate in the activity/class above named. In granting permission, I recognize that such activity may be hazardous, and injury or accident may occur as a result of direct or indirect participation. Therefore, I agree to release the City of River Falls, the Parks & Rec Department, its employees, agents and volunteers from liability as a result of accidents incurred while participating in the activity. Notify staff at check-in time if the participant has any special needs or health conditions. Photographs may be taken of participants. If you do not wish to have a photo taken, notify the photographer and/or class instructor. Photos may be used in publications and/or on the internet. You may cancel an activity at least three business days prior to the start date. There is a cancellation fee. If your cancellation causes the program number to fall below the required minimum, your refund will be contingent upon the vacancy being filled. The entire program fee will be refunded if Parks & Rec cancels a program due to insufficient enrollment. No refunds will be given after the program begins.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_