

**Parks And Recreation Cooperative –
Serving Maplewood and Richmond Heights
Financial Assistance Eligibility Guidelines and Application Procedures**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Because some residents are unable to participate in recreation programs or services due to economic hardship, the Cities of Maplewood and Richmond Heights may offer financial aid for registration fees for MRHYS. **However – the application below MUST be completed and the required documentation attached in order to be considered. THERE WILL BE NO EXCEPTIONS.**

Documents Required (These **MUST** be attached to your application and registration):

- 1. Previous year's IRS tax filing including W-2s**
- 2. A letter indicating child has been approved for the free or reduced school lunch program with dates of eligibility.**
- 3. Current Proof of Residency, for each participant.**

Financial Aid is only for 50% of registration fee and may be subject to annual limitations.

Scholarship limits and regulations:

Applicants for scholarships are not guaranteed program registration or memberships. All requests remain confidential. Persons will be determine to be of need if they are on a form of public assistance, or have a combined gross income below 125% of the Federal Poverty Guidelines (150% for households with and elderly or disabled person). A limited amount of funding is available. **Maximum amount per person is \$100, or \$300 per household annually.** Applicants may apply for one program each program season or one membership per year.

Program/Membership requested _____ Date _____

Program/Membership cost \$ _____ Amount Requested \$ _____

Parent/Guardian Name _____ Day Phone _____

Child/Participant Name _____ Birthdate ____ / ____ / ____

For memberships, list all persons living in this household and their ages.

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address _____ City/Zip _____

Telephone _____ School _____ District # _____ Grade _____

I am attaching the following form as required (see list above) _____

Annual household income \$ _____

Reason for scholarship application. (Please be specific, this information will remain confidential and will only be used to determine scholarship assistance if number of applications received exceed available funds.)

I attest, under penalty of perjury, that the document(s) attached are genuine and that all information provided is accurate and reflective of my current, existing financial situation, and all sources of income are accounted for herein.

Applicant Signature _____ Date ____ / ____ / ____

**Complete and return to:
MRHYS - with your registration & documents required above
Incomplete Registrations or Applications will NOT be accepted.**