Community Services Scholarship Request Form
Valid January 1, 2012 - December 31, 2012

3500 South Rural Rd / Tempe /AZ / 85282
OFFICE: 480.350.5200 / TTY: 480.350.5050

- Scholarships are available to Tempe and Guadalupe residents ages 0-17 or youth enrolled in a Tempe Public School only.
- The percentage amount given for scholarships is per program or activity.
- Level of scholarships granted is valid for one calendar year, unless circumstances change.
- This form is valid for eligible Community Services Activities & Programs ONLY.
- SUBMIT Registration request separately *including payment* calculated at the percentage you are requesting to pay.
- Form to be completed by adult family member requesting assistance in person at one of the following facilities:

Recreation Administration Office (3500 S. Rural Rd., 2nd Floor)
Kiwanis Recreation Center (6111 S. All America Way)
North Tempe Multigenerational Center (1555 N. Bridalwreath St.)
Escalante Community Center (2150 E. Orange St.)
Pyle Adult Recreation Center (655 E. Southern Ave.)
Edna Vihel Center (3340 S. Rural Road)

Family Last Name _____

Address _____ City _____ AZ , Zip Code _____

Phone # _____ Additional Phone # _____

E-mail Address _____ School _____

Household Family Member Names to be Included

Name	M/F	Date of Birth

In order to allow a maximum number of participants to receive scholarships, we ask that each family contribute as much toward the program fee as financially feasible.

- For youth (0-17) programs a minimum of $10 or 25%, whichever is greater.
- If program is below the minimum, user is responsible for the full price.
- Proof required for enrollment in other subsidy program such as Free / Reduced Lunch, AZ WIC, TANF, etc.
- **Proof of child's enrollment in a Tempe or Guadalupe Public School**: school ID, grade card, progress report, etc. **or Proof of Tempe Residency**: Picture ID & one of the following: utility bill, phone bill, rental agreement within the last 30 days

Please indicate the percentage of the activity fee you are requesting to pay:

☐ **75%** ☐ **50%** ☐ **25%**

Form Completed By (please print): _____

Signature: _____ Today's Date: _____

STAFF USE ONLY

Fee Assistance Level Pays % Completed By: _____ Date: _____

Documentation of subsidy program: ☐ Free/Reduced Lunch ☐ AZ WIC ☐ TANF Other: _____

Proof of Tempe Public School or Residency Confirmed by: **Picture ID Type:** _____

School: ☐ Grade Card ☐ Progress Report Other: _____

Residency: Utility Bill ☐ Phone Bill ☐ Rental Agreement ☐ Other: _____

Additional Comments: _____

Form must be submitted in person with required documents.