



Community Services Scholarship Request Form
Valid January 1, 2014 - December 31, 2014

3500 South Rural Rd, 2nd Floor, 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)
 - Escalante Community Center (2150 E. Orange St.)
 - Kiwanis Recreation Center (6111 S. All America Way)
 - Pyle Adult Recreation Center (655 E. Southern Ave.)
 - North Tempe Multigenerational Center (1555 N. Bridalwreath St.)
 - 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 returned in person with required documents.