



**Community Services Scholarship Request Form**  
**Valid January 1, 2019 - December 31, 2019**

**Recreation Services**  
**3500 South Rural Rd, Suite 201, Tempe, AZ 85282**  
**Office: 480.350.4311 / TTY: 480.350.5050**

**Scholarship Renewal Starts December 1, 2018**

- Scholarships are available to Tempe and Guadalupe residents ages 0-17 or youth enrolled in a Tempe school.
- The percentage amount given for scholarships is per program or activity.
- Level of scholarships granted is valid for one calendar year.
- This form is valid for eligible Community Services Activities & Programs **ONLY**.
- Submit registration and supporting documents in person at any of the following facilities:
  - *Recreation Services Office (3500 S. Rural Rd., Suite 201)*
  - *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)*

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ AZ, Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_ 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 of enrollment required in other subsidy program such as Free / Reduced Lunch, AZ WIC, TANF, etc.**
- **Proof of child's enrollment in a Tempe 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 circle the percentage of reduction that would best serve your current need.    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 School or Residency Confirmed by:** \_\_\_\_\_ **Picture ID Type:** \_\_\_\_\_

School:    Grade Card    Progress Report    Other: \_\_\_\_\_

Residency: Utility Bill    Phone Bill    Rental Agreement    Other: \_\_\_\_\_

Additional Comments: \_\_\_\_\_