

**ROBBINSDALE RECREATION SERVICES
SCHOLARSHIP/ACTIVITY FEE APPLICATION FORM**

To be eligible for financial assistance an applicant must meet the guidelines listed below.

Applicant's Name: _____ Date of birth: _____

Parent or Guardian Name: _____

Robbinsdale Address: _____

Home Phone: _____ Work Phone: _____

Activity Name: _____ Location: _____ Quarter: _____

Day(s): _____ Fee: _____

The applicant receives the following type of assistance (check all that apply): Submit copy of type of assistance.
 MFIP WIC District 281 Free Lunch Program District 281 Reduced Lunch Program
 Other (please explain): _____

Policy:

- Individuals and families from Robbinsdale households are eligible for fee assistance.
- Must have proof of current residency within Robbinsdale city limits.
- May receive financial assistance for one program for each applicant once each quarter and must re-apply each quarter. (Quarters: *Spring*-March, April, May; *Summer*-June, July, August; *Fall*-September, October, November; December; *Winter*-, January, February.)
- Applicants are asked to pay a minimum of 50% of activity fee and the balance will be financial assistance. Other payment arrangements may be discussed on an individual basis.
- Financial assistance is available for activities offered through Robbinsdale Recreation Services. Some joint sponsored programs may not be eligible for assistance.
- A limited amount of funds are available to support this financial assistance program. When funds are exhausted we will discuss other payment arrangements with the applicant. This program is funded by the City of Robbinsdale.
- The information provided will be treated confidentially and used only for eligibility determination.

Procedure:

- All financial assistance requests must be submitted to Robbinsdale Recreation Services, 4100 Lakeview Ave. No., Robbinsdale, MN 55422 at least 10 business days prior to program start date. If more information is needed before approval, applicant will be contacted by Recreation Services.
- Applicants need to complete this form and the activity registration form.

For Office Use Only

Program Name _____ Season _____ Year _____

Program Fee \$ _____ Amount Paid \$ _____ Receipt # _____

Actual cost of program \$ _____ (Deficit \$ _____)

Approved _____ Rejected _____ Date _____

Signature _____

Recreation Services Manager