

## Recreation Scholarship Program

## **General Information**

Lexington Park District seeks and receives contributions from individuals, businesses, service organizations, and taxing bodies to assist in providing scholarships for youth enabling them opportunities to participate in recreation programs.

- 1. Full scholarships will be awarded.
- 2. Scholarships are not guaranteed and are available on an as-needed basis.
- 3. Lexington Park District reserves the right to limit the amount of scholarships awarded to an individual during the program session, particularly if the demand for scholarships by the community is high. No child will be awarded more than \$300 per calendar year.
- 4. Approval of any scholarship application does not automatically register that person into the program of choice. Registration for any program is the responsibility of the family requesting assistance.
- 5. Scholarship applications will be accepted up until two weeks prior to the program start date.
- 6. Confidentiality: All information provided will only be used to determine the scholarship awarded.

## **ELIGIBILITY**

Only those under 18 years of age are eligible for scholarship assistance.

## APPLICATION PROCESS

 Complete the Scholarship Application Form (one form per family please). All information requested must be supplied. Incomplete forms will not be considered.

Applications and attachments should be submitted to: Lexington Park District P. O. Box 64 Lexington, IL 61753-0064

Email:

lexingtonparkdistrict@gmail.com

Recreation Scholarship Program  Applications should be submitted a minimum of two weeks prior to the requested program's start date.		OFFICE USE ONLY	
		Date Received: Date Reviewed: Approved/Denied: Amount Awarded: Committee Rep:	
Child's Name:			
Age:			
Address:			
Address:(Street)	(City)	(Zip)	
Program(s) Requested:			
Parent/Guardian's Name:			
Address (if different from above):			
E-mail:			
Phone (daytime):	Phone (evening):		
Disclaimer: The Lexington Park District may ask if y offset the scholarship provided	ou would be willing to work a cor	ncession shift(s) to	
Please give a brief statement of reason	s for applying for assistance:		
Have you received a Lexington Park Di	· · · · · · · · · · · · · · · · · · ·		
I/We ,the undersigned, understand that the infortrue and complete to the best of my knowledge a will be grounds for disqualification.			
Applicant's Signature	 Date		