

## ***Chadron Community Recreation***

**P.O. Box 4, Chadron, NE 69337**

### **YOUTH SCHOLARSHIP APPLICATION FORM**

Please complete one form in its entirety for each child. Incomplete forms will not be processed. Then, submit forms to the address above.

Parent's Last Name:	First Name:
Physical Street Address:	Ph #
Mailing Address:	
Employer:	
Spouse Last Name:	Spouse First Name:
Spouse Employer:	
Approximate Annual Family Income: \$_____ Current Monthly Income: \$ _____	
Does your child participate in the free and reduced school lunch program? ____ Yes ____ No	
Childs Name:	DOB: Grade Level:
List sports or activity programs for which you are requesting scholarship assistance:	
Please share any information about your situation that would help us in considering your request. Please include information about how this program will help you. Also include any financial hardships or if you can contribute any amount to the sport/activity participation fee.	
Parent Signature:	Date:

#### **Program application deadlines:**

**Soccer Aug. 25 Flag Football Sept. 15 Basketball Nov. 1 Volleyball Feb. 25 Sprg. Soccer Mar. 1**

Office Use Only
Date application received:
Date application reviewed:
Amount approved: \$
Amount applicant is willing to contribute: \$
<b>NOTE- approval of application does not guarantee full application fee amount</b>