



# SCHOLARSHIP INFORMATION/FORM

The West Fargo Park District strives toward serving the needs of all citizens, regardless of income level. To achieve this, it is necessary to establish a district policy to provide assistance for those who qualify. Thank you to Sanford Health for partnering with the West Fargo Park District to make this opportunity possible.

## OBJECTIVE

To provide an opportunity for financially disadvantaged youth and adults to participate in general recreation programs.

## POLICY STATEMENT

It is the policy of the West Fargo Park District that no individual that is a current resident of the City of West Fargo or lives within the West Fargo School District zone for at least 90 days, shall be denied participation in general recreation programs due to financial inability to pay the program fees.

## ELIGIBILITY GUIDELINES

- Anyone residing outside the corporate limits of the City of West Fargo or outside of the West Fargo School District zone is not eligible for assistance through the West Fargo Park District.
- Discounts are approved and given if an individual or family qualifies for the National School Lunch Program (federally assisted meal program) from the USDA Food and Nutrition Service. Below are the Department's 2021/2022 Income Eligibility Guidelines:

Household	Yearly	Monthly	Weekly
1	\$23,828	\$1,986	\$459
2	\$32,227	\$2,686	\$620
3	\$40,626	\$3,386	\$782
4	\$49,025	\$4,086	\$943
5	\$57,424	\$4,786	\$1,105
6	\$65,823	\$5,486	\$1,266
7	\$74,222	\$6,186	\$1,428
8	\$82,621	\$6,886	\$1,589

- To qualify for assistance, applicants must complete the backside of this form and bring income verification to the West Fargo Park District office prior to registering for a program. For verification, you must bring ONE of the following: most current tax return, pay stubs for one month, SNAP approval letter, TANF approval letter, or National School Lunch Program approval letter.
- Each parent/guardian and children in an approved family may receive up to two recreation programs at half price per season (Spring/Summer and Fall/Winter). Each parent/guardian and child(ren) may also receive one punch card per month at half price for use at the Veteran's Memorial Pool or Rustad Recreation Center.
- The following are not eligible for a scholarship: Tae Kwon Do, team entry fees, special events, session fees for Veterans Memorial Pool, daily gym and daily playground fees at the Rustad Recreation Center, birthday party packages, rentals/reservations of shelters and facilities and vending/concessions purchases.
- Eligibility must be established every year to continue to receive assistance for general recreation programs.

**CONTACT**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**ADDITIONAL INFORMATION**

Family Members	Birthdate	S/S		F/W	

By signing below, I hereby certify the information and documents I have provided for eligibility are true and correct to the best of my knowledge. I understand that if I am approved for a scholarship, any false statements, omissions, or other misrepresentations made by me on this form may result in termination of the scholarship. I also understand that I must fill out a West Fargo Park District Registration Form in addition to this Scholarship Form to register for any general recreation programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Staff Approval: 1. \_\_\_\_\_ 2. \_\_\_\_\_ Scholarship Valid Until \_\_\_\_/\_\_\_\_/\_\_\_\_