



**CITY OF SANIBEL
RECREATION PROGRAM SCHOLARSHIP APPLICATION**

The City of Sanibel has scholarships available for Recreation Center Memberships and Programs. The scholarship waives registration fees charged for any Recreation Center Membership or programs that are being requested on application. Eligibility for a scholarship requires a showing of financial need, including family income based on the size of the family, or need based on some personal family situation. Scholarship applications will be forwarded to a panel review board for action. Please attach:

- 1. proof of eligibility for the free or reduced school lunch program, OR*
- 2. a copy of your most recent tax return (include W-2 without social security), and your most recent pay stub.*

SCHOLARSHIPS WILL NOT BE ACCEPTED UNTIL REGISTRATION FOR THE REQUESTED PROGRAM HAS COMMENCED. SCHOLARSHIPS WILL NOT BE ACCEPTED WITHOUT ALL REQUIRED DOCUMENTS ATTACHED.

Name of Parent of Guardian: _____ Phone: _____

Number of People Living in Household: _____ Household Annual Income: \$ _____

Name of Child(ren) for Which Application is Made: _____

SCHOLARSHIP REQUESTED FOR:

Recreation Center Membership:

Individual; Family Weekly Six Month Annual (Total \$ _____)

**Term of membership must coincide with duration of program requested below if applicable.*

After-School Program (One school calendar year)

Number of children applied for: #1; #2; #3; #4 (Total \$ _____)

Summer Program: (8 One Week Sessions)

Number of children applied for: #1; #2; #3; #4

Sessions: #1; #2; #3; #4; #5; #6; #7; #8; (Total \$ _____)

Holiday Programs: (2wk Winter / 1wk Spring)

Number of children applied for: #1; #2; #3; #4

Winter Sessions: wk #1 wk #2 Spring Session: wk#1 (Total \$ _____)

Other Programs: (Specify) _____ (Total \$ _____)

**Examples of programs may include, but not be limited to: Basketball, Swim Lessons, Enrichment Classes.*

Scholarship Amount Requested: Full Amount \$ _____ Partial Amount \$ _____

Briefly Outline the Specific Reasons for the Scholarship Request:

[If more space is needed, use the reverse side]

Signature of Parent/Guardian: _____ Date: _____

For Panel Review Board Use Only: Application Approved Application Denied

Signature of Approving Authority: _____ Date: _____