



Scholarship Application

- One scholarship per group per calendar year for a Hamilton County Resident
- Partial Scholarships are available; there is a limited amount of scholarship funds.

School/Organization information:

1. School/Organization name: _____

Address: _____

2. Name and Phone # of Contact Person: _____

3. E-mail address of contact person: _____

4. Group Size: # of adults _____ # of children _____ If a school, # of classes _____

Will chaperones be participating? _____

5. Ages or grade level: _____

6. Brief description of your organization: _____

7. Reason a scholarship is needed: _____

8. What is the general family income level of participants in your group?

For school groups, family income level of participants _____% of families that qualify for free lunch or reduced lunch program in the building.

Other organized groups, _____% of governmental or other assistance received for either the individuals or the organization

9. What is your total cost for this field trip (admission, transportation, etc.)? _____

10. What other field trips has this group taken or is scheduled to take and how was that paid for? Use the back of this form or a separate sheet to answer.

Program Information:

11. Program Title: _____

12. Program Date(s): _____

13. Program Cost: _____ Portion you can pay _____ Amount Requested _____

14. Anticipated outcomes from participation? Please use the back of this form or a separate sheet to answer.

I hereby certify that all of the above information is true and correct. In addition, I understand that the Great Parks of Hamilton County may verify the information on this application.

Signature of School Principal or Group Administrator: _____ Date: _____

Signature of Contact Person _____ Date: _____

Position of Contact Person _____

Please fax form to Amy Roell at (513) 521-2606 or email to aroell@greatparks.org