



Individual Scholarship Application

- One scholarship per person per calendar year for a Hamilton County Resident
- Partial Scholarships are available; there is a limited amount of scholarship funds.
- Must supply documentation requested below in #7 and #8.

Individual/Parent/Guardian information:

1. Individual/Parent(s)/Guardian(s) name: _____
2. Home Address: _____
3. City, State, Zip Code: _____
4. Phone #: _____
5. E-mail address: _____
6. Household Size (include parents/guardians and children): _____
7. Please provide a copy of one of the following: federal income tax return, documentation of public aid received which includes a case number if applicable, school lunch program, documentation of other extenuating circumstances.
8. Please provide a copy of a utility bill or other documentation of address.

Program Information:

9. Program Title: _____
10. Program Date(s): _____
11. Program Cost: _____ Portion Applicant Can Pay _____ Amount requested for Scholarship _____

Participant Information:

12. Name: _____
13. Date of Birth: _____
14. If a child, grade attending currently: _____
15. If a child, school attending in the Fall: _____
16. Applicant, please tell us why you are interested in attending this program. For parents of younger children, (10 years and under), please tell us why your child is interested in attending. Please use the back of this form or a separate sheet.
17. If you have additional information you think we should know, please use the back of this form or a separate sheet to let us know.

Signature of Participant _____ Date: _____

If under 18, signature of Parent/Guardian _____ Date: _____

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