



## City of Bozeman Recreation Department

### Scholarship Program

Application forms available at the Beall Recreation Center, the Swim Center, or at [www.bozeman.net](http://www.bozeman.net)

The City of Bozeman, Parks & Recreation Department is dedicated to quality service and strives to provide affordable recreation opportunities for everyone. Our Scholarship Program is designed to help City of Bozeman Residents participate in activities that might otherwise be financially unfeasible.

#### **Scholarship Statement:**

Any resident of Bozeman who wishes to participate in a City of Bozeman sponsored recreation program, and is in need of financial assistance, may apply for aid through the Bozeman Recreation Department's Scholarship Program.

All applicants must be a resident of Bozeman.

Families that are eligible for scholarships may apply for 25% to 100% of program costs and for a maximum of three classes per household, during any fiscal year (July 1 - June 30). Applications will be reviewed by a committee to determine eligibility and scholarship amount.

Completion of this application does not guarantee a scholarship from the City of Bozeman. The application must be completed, include necessary attachments, and be approved by the Recreation Division before programs may be attended.

#### **Steps for completing application:**

1. Complete a scholarship application form
2. Complete an activity registration form
3. Send all completed forms to the Bozeman Recreation Department.

Applications will be reviewed the first week of every month. All scholarships are subject to availability of class space and are awarded on a **first come first served basis**.

The following is required with your application

1. Proof of residency (water bill, utility bill, etc.)
2. Class registration form

Mailing Address:

**Bozeman Recreation Department**  
**PO Box 1230**  
**Bozeman, MT 59771**

#### **Confidentiality:**

The City of Bozeman Recreation Department will use this application information for scholarship approval only. Strict confidentiality will be maintained at all times during the decision making process. Program leaders will not be informed of a participant's scholarship status.

### Scholarship Application

Please complete the following application with required documentation and return to the Bozeman Recreation Department, applications will be reviewed the first week of every month.

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number of Household Members: \_\_\_\_\_

Program Requested: \_\_\_\_\_

Scholarship Amount Requested: \$ \_\_\_\_\_

Total GROSS Household Income: \$ \_\_\_\_\_ Per year or month? \_\_\_\_\_

I affirm to the best of my knowledge that the above information is true and complete. I understand that my information is confidential and will only be reviewed by the scholarship committee to determine eligibility. A deliberate misrepresentation of the information will result in forfeiture of the scholarship and may prohibit future eligibility in the City of Bozeman Scholarship Program.

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

In order to process this application, please include the following documentation:

1. Proof of City of Bozeman residency (water bill, utility bill, etc.)
2. Completed class registration form

The following chart will be used by the committee to help determine scholarship eligibility

The 2009 Federal Poverty Guidelines

Persons in family	Poverty Guideline
1	10,830
2	14,570
3	18,310
4	22,050
5	25,790
6	29,530
7	33,270
8	37,010
For families with more than 8 persons, add \$3,740 for each additional person	

**City of Bozeman Parks and Recreation Department**

415 N. Bozeman Ave

Please feel free to call us if you have any questions or concerns

582-2910

**Department Use Only:**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Documentation Received: Yes \_\_\_ No \_\_\_

Scholarship approved: Yes \_\_\_ No \_\_\_ Amount Approved: \_\_\_\_\_ Date Applicant Contacted: \_\_\_\_\_