



Public Program Scholarship Application

Any individual can request a scholarship to attend a Park District Public Program. Qualifying individuals may request up to two scholarships per year. Approved scholarship recipients will receive a reduction of program fees. **A maximum subsidy of 60% is available for public programs and lessons based on level of need.**

Applicants must submit:

- 1) Application; and
- 2) one of following:
 - a. Current year's "Free and Reduced Lunch Program Eligibility Letter" from your child's school; or
 - b. Opening letter for Food Support or MFIP/DWP; or
 - c. A recent letter that states that your eligibility for Food Support or MFIP/DWP continues.

Mail the paperwork to:

**Three Rivers Park District
Wonder Fund
3000 Xenium Lane North
Plymouth, MN 55441**

Applications will be considered on the basis of financial need and funds available. Applications must be received prior to the program registration. All information is generally confidential. If your application is approved, Park District staff will notify you within two (2) weeks of the application.

Payment of remaining program fees will be due prior to the program date. For more information call Three Rivers Park District at 763.559.9000.

PRIVACY RIGHTS STATEMENT: Before you provide this information, we would like to inform you that this information is generally confidential. Information you provide may be shared with other staff and individuals involved in the scholarship program, and may be shared with other agencies as provided by law.

"I have read the above statement and am aware that information which I provide Three Rivers Park District, while generally remaining confidential, may be shared with other agencies and/or individuals who may be involved in the financial aid process."

Adult or Parent/Guardian Signature

Date

Please print

Participant's Name: _____

Age: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parents/Guardian Name _____ Home Phone: _____ email: _____

Program Name: _____

Program Date and Location: _____ Program Number _____

TOTAL PROGRAM FEE \$ _____

LESS AMOUNT FAMILY CAN PAY \$ _____

AMOUNT OF FINANCIAL AID REQUESTED \$ _____