



## Public Program Scholarship Application

Three Rivers Park District may grant qualifying individuals one scholarship per year to attend public programs. These funds are limited, and scholarships are granted strictly on financial need. Upon approval, programs or lessons will be subsidized at 60%. Each applicant must submit the application and one of the following documents to qualify:

Current "Free and Reduced Lunch Program Eligibility Letter" from your child's school;

**OR**

opening letters / cover letters for:

*Supplemental Security Income (SSI); Emergency Medical Assistance (EMA); Minnesota Care; General Assistance (GA); Minnesota Family Investment Act (MFIP); Medical Assistance (MA); Minnesota Supplemental Aid (MSA); Hennepin County Emergency Assistance Program (HCEAP); Refugee Cash Assistance (RCA); Work Benefit (WB); Diversionary Work Program (DWP); Supplemental Nutrition Program for Women, Infants, and Children (WIC); Supplemental Nutrition Assistance Program Employment and Training Program (SNAP E&T)*

Send this form and applicable paperwork to:

*Three Rivers Park District  
Reservations Office  
Attn: Scholarships  
3000 Xenium Lane North  
Plymouth, MN 55441*

**or FAX to**  
763.694.0145

**or EMAIL to**  
ReservationHelp@threeriversparkdistrict.org

**If your application is approved, Park District staff will notify you by email within two (2) weeks of when the application has been received.**

**Enrollment is not guaranteed and is subject to availability until balance has been paid in full.**

**Applications must be received prior to the program registration deadline.**

*NOTE: If you are using a Mac computer to complete this form, please do so directly in your Adobe software and save it as a new file. Failure to do so will damage the file upon submittal and appear incomplete. Incomplete documents received will not be considered and rendered void.*

Participant's Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Program Name: \_\_\_\_\_  
Program Date: \_\_\_\_\_ Park Location/Facility: \_\_\_\_\_  
Program Activity Number: \_\_\_\_\_ i.e. 123456-01

**\*\*\* Once notified of approval, please call the Reservations Office at 763.559.6700 to place payment and confirm enrollment OR mail check to above address. (Enrollment unconfirmed until check is received.) \*\*\***

**PRIVACY RIGHTS STATEMENT:** Before you submit 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 statements 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  
I agree that for the purposes of authorizing and authenticating this transaction, my electronic signature has full effect of a signature affixed by hand to a paper document.

**FOR OFFICE USE ONLY:**

Date approved \_\_\_\_\_ TOTAL PROGRAM FEE \$ \_\_\_\_\_  
AMOUNT OF FINANCIAL AID GRANTED (60%) \$ \_\_\_\_\_  
PARTICIPANT PAYS \$ \_\_\_\_\_