



Scholarship Request

Incomplete request forms will not be considered or accepted.

All scholarship applicants must reside within South Suburban's district boundaries. Those over 18 years of age must be citizens of the United States or legal permanent residents or otherwise be lawfully in the United States pursuant to Federal Law. Efforts are made to keep all information concerning applicants and recipients confidential. You will be notified by E-Mail from the Registration Supervisor of the status of your application. If your application is approved, instructions for making your scholarship payment will be included and must be paid prior to attending the class/program. Some classes/programs may not be eligible for scholarships and are at the discretion of the program coordinator. Approval does not guarantee a spot in the class/program that you request. If approved, South Suburban covers a maximum of 50% of the fee, with the other 50% to be paid by the applicant.

For your scholarship to be considered it is a requirement that all blanks be filled in and submitted at least three (3) weeks prior to the start date of your requested class/program to allow processing of the scholarship.

Please Note: Scholarships are to be used for SSPRD activities/classes/programs ONLY. No refunds will be issued for classes that have been paid in full prior to a scholarship application.

First & Last Name: _____ **Date of Request:** _____

Email Address: _____ **Primary Phone #:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Please indicate which Recreation Center Pass(es) you are requesting. Splash Passes are only valid for the outdoor pools Memorial Day to Labor Day (check all that apply):

Individual Recreation Center Pass:

Household Recreation Center Pass:

Individual Splash Pass:

Household Splash Pass:

Individual Class/Program:

Participant's Name:

Class Title:

Class Number:

[illegible]

Please indicate your **total household income that includes the number of members in your household, and financial assistance** including, but not limited to: Unemployment benefits, Food Stamps, TANF, Child Support, LEAP, Social Security benefits, SSDI, HUD, Section 8 Kinship benefits, and NSLP (school lunch).

Total **MONTHLY** Household Income: _____

Total number of members in your household: _____

I understand that:

- I must include the income of all members of my household, regardless of relationship.
- All sections must be completed for my application to be considered for financial assistance; incomplete information may result in denial.
- My application must be submitted at least three (3) weeks before the start of the requested class/program.
- I understand that my household and I may be subject to an income audit at any time.
- Misrepresenting any information on this application could indefinitely disqualify me from receiving financial aid from South Suburban Parks & Recreation District.

I certify that the information I have provided is accurate and true to the best of my knowledge.

Signature: _____ **Date:** _____

Download and email this form to: bmeza@ssprd.org

Return Scholarship in person to: 6315 S University Blvd, Centennial, CO 80121

Attn: Registration Office

You may also contact the Registration Office at 303-347-5999 if you have any questions or need assistance.