



**Clayton Parks and Recreation
Application for Financial Assistance**

Because some residents are unable to participate in recreation programs due to economic hardship, the City of Clayton provides a scholarship to reduce program fees and charges. Scholarships are for recreation programs only. Funds do not apply to supply fees, season passes, memberships or facility rentals. The process includes the following guidelines:

1. All requests remain confidential.
2. Applicants for scholarships are not guaranteed program registration.
3. Applicant must have one of the following or application will not be processed:
 - a. A copy of a Medicaid card
 - b. A letter indicating child has been approved for the reduced or free school lunch program with dates of eligibility.
4. A limited amount of funding is available. **Maximum amount per person is \$100, or \$300 per household annually (September 1 to August 31).**
5. Applicants must pay one half of program, i.e., for a \$100 fee, financial assistance may not exceed \$50.
6. The initial scholarship request must be made one month prior to the start of a program.
7. Applications are available at the Welcome Desk, Center of Clayton.
8. Applications are reviewed and notification will be sent within two weeks of review,
9. Applicants must show proof of Clayton residency with application.

Program Requested _____ Date _____

Program Cost \$ _____ Amount Requested \$ _____

Parent/Guardian Name _____ Day Phone _____

Child/Participant Name _____ Birthdate ____ / ____ / ____

Address _____ City/Zip _____

Telephone _____ School _____ District # _____ Grade _____

I am attaching the following form as required (see list above) _____

Annual household income \$ _____

Reason for scholarship application. (Please be specific, this information will remain confidential and will only be used to determine scholarship assistance if number of applications received exceed available funds.)

I attest, under penalty of perjury, that the document(s) attached are genuine and that all information provided is accurate and reflective of my current, existing financial situation, and all sources of income are accounted for herein.

Applicant Signature _____ Date ____ / ____ / ____

Complete and return to: The City of Clayton Parks and Recreation Department
Attn: Scholarship
50 Gay Avenue
Clayton, MO 63105

For more information, please call (314) 290-8502.