## **NICK MASON SCHOLARSHIP FUND APPLICATION**

for Chaska Parks and Recreation Programs



Creating lifelong memories & a healthier community for ALL to enjoy!

The purpose of the fund is to help low income families or those with special needs to support their participation in the City of Chaska Parks & Recreation programs/services or to purchase equipment that allows for more inclusive participation. Equipment supported by this fund would be purchased by the Chaska Parks and Recreation Department and used for group programming.

Completed application forms should be sent to elink@chaskamn.com or dropped off at the Community Center Guest Service desk.

Applications must be completed <u>before</u> registering for a program. Once approved, you will be contacted to complete the registration.

PA	RENT/GUARD	AN INFORMATION		
FIRST NAME		LAST NAME		
ADDRESS	CITY		STATE	ZIP
EMAIL ADDRESS (optional)	•			•
PARTICIPANT INFORMATION				
FIRST NAME	LAST NAME		ВІІ	RTHDATE
1.				
2.				
3.				
4.				
EL	IGIBILITY AND	DOCUMENTATION		
Eligibility: Option 1 Please check the appropriate box and attach curre	nt (< 1 year old	d) documentation fro	om <u>one</u> of the follo	owing:
☐ County Financial Assistance: SNAP, Medical Assistance or MFIP			RES	IDENCY REQUIREMENT:
☐ Social Security Disability			program participant must be	
Eligibility: Option 2 I am experiencing financial hardship due to at least one of the following reasons:  1. An unexpected circumstance such as a medical expense or loss of job				
2. Additional expenses related to supporting some	one with spec	ial needs (ex: staffin	g costs, therapy co	osts, specialized equipment)
Please briefly explain:				
	SIGN	IATURE		
To the best of my knowledge, all of the information	n provided on	my application is cu	rrent and correct.	
Parent, Guardian or Participant (if over 18) Signatu			Date:	
EOR OFFICE USE: Approved D Denied because	Ctoff	Name:	Date:	