



**CITY OF LARAMIE**  
**PARKS & RECREATION DEPARTMENT**  
 Recreation Division  
 P.O. BOX C  
 LARAMIE, WY 82073

(307) 721-5269  
 FAX (307) 721-5284  
 TDD (307) 721-5295

## Partial Scholarship Application

Effective Date September 1, 2013

### General Scholarship Guidelines - If you have any questions please call 307-721-5269

- Awarded to children, youth, adults, and seniors under the approved scholarship guidelines.
- Scholarship considerations are based on family income/financial need, family size, and highly extenuating circumstances. **Proof of this information (copies of prior year W-2 forms, payroll check stubs, college financial award letter, loans, child support, grants, alimony, birth certificates, and other relevant documentation) will be required as proof of the above-mentioned information.** All information will be kept strictly confidential.
- Completing an application is not an automatic assurance of a scholarship award.
- All scholarship applications must be delivered to the Parks & Recreation office, PO Box C, Laramie, WY 82073.
- Income guidelines are based on the Wyoming Department of Family Services guidelines and are listed below.

### Recreation Center Multi-Pass Scholarship Guidelines

- Scholarship recipients will receive one (1) multiple pass good for 20 daily visits to the Recreation Center each recreation season (Winter/spring, Summer, and Fall).
- Scholarship recipients must pay 30% of the applicable multiple pass fee for their age group.

### Activity Scholarship Guidelines

- All recreation activity scholarships are partial awards, covering 50% of the activity registration fee, with the total award not to exceed \$50.
- Scholarship may be applied for at any time. However, Activity Scholarship awards will be limited to a total amount not to exceed \$150 per any twelve (12) month period of time per individual.
- If a scholarship recipient finds that they are unable to attend the registered activity, it is the recipient's responsibility to notify Parks & Recreation staff to cancel at least 3 working days prior to the start date of the activity.
- If a scholarship recipient cancels an awarded class, the scholarship cannot be transferred to another program and the amount of the scholarship awarded will be counted towards the \$150 maximum allowed in a twelve (12) month period. Refund of the fee portion paid by the scholarship recipient will be processed and refunded within 3 weeks of notification.

Household Size	Monthly Income Eligibility For Scholarship Awards
2	≤\$3,879
3	≤\$4,884
4	≤\$5,889
5	≤\$6,894
6	≤\$7,899
7	≤\$8,904
8	≤\$9,909

	Recreation Center Resident 20 Visit Multiple Pass Cost	"A Place For All" Scholarship Endowment 20 Visit Multiple Pass Cost
Child (3-12)	\$52.50	\$15.75
Youth (13-18)	\$75.00	\$21.97
Adult 19+	\$90.00	\$27.00
Senior 60+	\$86.25	\$25.87

### I. Family Information

Please list all household members living in the home, and the activity number(s) for which this scholarship application applies. **(Please note "Multi-Pass" for activity number if applicable.)**

All Household Member Names	Age	Activity Name & Number or Pass Type

### II. Income

Please list previous year total annual or monthly income reported on payroll check-stub, W-2 forms, college grant, scholarship, loan information; and any other income and attach proof of income. **(Without proof of income attached, your application cannot be processed.)**

---

---

---

**(Requires verification by 2 staff members if proof of income is not kept on file. \_\_\_\_ / \_\_\_\_ / \_\_\_\_)**

### III. Additional Information

Please provide any other information that would be helpful in considering this application.

---

---

---

---

---

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Fees Paid:** \_\_\_\_\_ **Multi-Pass or Class Name:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>For Internal use only:</b>	Class Name or Multi-Pass Type _____
Scholarship Award Decision _____	Approved (initial) ____ / ____ / ____ Date
	Denied* (initial) ____ / ____ / ____ Date
Date of notification of Approval/Denial ____ / ____ / ____	
<b>Applications will be destroyed 30 days after notification of approval if incomplete or payment is not received.</b>	
*Reason for denial _____	Amount Due: _____