



Evanston Parks & Recreation
 275 Saddle Ridge Rd
 Evanston, WY 82930
 789-1770



APPLICANT CONTACT INFORMATION

Applicant's First and Last Name	Parent or Guardian's First and Last Name
Applicant's Age _____ Applicant's Birthday / /	Parent or Guardian's Address (if different)
Applicant's Address	Parent or Guardian's Email
Applicant's Phone Number	Parent or Guardian's Phone Number (if different)

HOUSEHOLD/FAMILY STATUS

Married____ Single____
 Number in Household: Adults____ Children (under 18)____

EMPLOYMENT AND INCOME STATUS

Please list all types of income in the household

Income Source	Amount per Month

ADDITIONAL INFORMATION

Program/Activity Requested_____

Please provide any additional information concerning the scholarship request, including why participation is desired, exceptions, special circumstances, medical conditions, etc.

DECLARATION

I hereby state that the information provided in this application is true and correct. I understand participants may be withdrawn from the program and become ineligible for future scholarships due to failure to attend. I will abide by the requirements of the Scholarship Agreement.

Signature _____ Date _____

OFFICE USE ONLY

Reviewed By	Date	
Amount Received	Approved By	Date
Program/Activity		

