



## SCHOLARSHIP AGREEMENT

I, \_\_\_\_\_ agree to the following conditions while receiving assistance with recreation activities/programs.

1. I agree to send in any changes that are listed below to the Trails Recreation Center no later than fifteen (15) days from when the changes occur. I understand I will be responsible for repayment of funds for which I was not entitled, especially resulting from my failure to report pertinent changes including:
  - My family's income (including Child Support, Alimony, Social Security, Unemployment)
  - My family's employment status (new job, change in hours resulting in increased income)
  - Change of address or phone number
2. I understand that I must pay the portion of the fee after discounts have been applied to retain this scholarship.
3. The scholarship expires 6-months after receipt of approval via email. I understand that I need to contact the Facility Manager to reapply for scholarship assistance.
4. Deliberate misrepresentation may subject me to termination of further scholarship benefits.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

-----**FOR OFFICE USE ONLY**-----

Activity/Program/Pass Discount Approved \_\_\_\_\_

Staff Approval \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_