



# West St. Paul

## Scholarship Assistance Application

The City of West St. Paul Parks and Recreation Department provides quality recreation programs for all residents of West St. Paul. The goal of the Scholarship Assistance Service is to assist West St. Paul residents, who demonstrate a financial need, to pay for a portion of the recreation program fees. Eligibility for the program is determined by completing an application and supplying the correct documentation.

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### Eligibility requirements:

- Must be residents of the City of West St. Paul.
- Must provide **ONE** of the following documentation for the application:
  - Copy of your 2020-2021 eligibility notification letter from ISD 197 Child Nutrition Office, if your child participates in the “Free or Reduced Priced Lunch Program”.
  - Copy of your 2019 Federal Tax return and / or copies of 3 months of income for your household. Income is based on gross pay.

### If application is accepted:

- Funding will be awarded for half of the program fee per child.
- Funding can only be used for youth programs and activities (17 years or younger).
- Funding can be only used **TWICE** during the same year, per child.

### Scholarship Assistance can be used for the following programs:

- Summer Playground Programs, WSP Youth Sports Programs (PeeWee Sports, Jump Start Sports & Games, and Soccer), Fascinating Fridays, Little Tykes Safety Camp, Safe Kids Safety Camp & Special Events – e.g. Royal Ball, Superhero Masquerade.

### How to receive a copy of your Eligibility Letter from ISD 197:

- Please call the Child Nutrition Department at 651-403-7320
- 1897 Delaware Ave, Mendota Heights, MN 55118

**IF YOU HAVE ANY QUESTIONS, CALL THE PARKS AND RECREATION OFFICE AT 651-552-4150**



# 2020-2021 Scholarship Assistance Application

FOR OFFICE USE ONLY:  
Household # \_\_\_\_\_  
Date \_\_\_\_\_ Approved \_\_\_\_\_  
Staff Initials \_\_\_\_\_

**1**

## HOUSEHOLD INFORMATION

Name (Main Contact Person): First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of each member of household	Birthdate	Grade in Fall/2020	Relationship to Main Contact Person
1. (Main Contact Person)			
2.			
3.			
4.			
5.			

**2**

My child participates in a Free or Reduced Lunch Program at School.  YES  NO

If yes, provide a copy of the eligibility letter from the school and skip to step 4.  
If no, continue to step 3 and provide copies of documents.

**3**

## INCOME INFORMATION (Needed ONLY if child does NOT Receive Free or Reduced Lunches)

To demonstrate financial need, provide a copy of your federal tax return for the previous year and / or copies of the most recent **three months** of income for your household. Income is based on gross pay.

The following are examples of income:  
Employment; Federal, State and/or County Support; Spouse and/or Child

Household Size*	Maximum Income Level (Per Year)
1	\$23,606
2	\$31,894
3	\$40,182
4	\$48,470
5	\$56,758
6	\$65,046

**4**

I certify that this information is true and correct.

SIGNATURE of Main Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_