

**Application for Scholarship
Big Foot Recreation District**

401 Devils Lane, PO Box 99
Walworth, WI 53184
(262) 275-2117

www.bigfootrecreation.org
bigfootrecreation@bigfoot.k12.wi.us

NOTE: A separate Big Foot Registration Form must be used to register for programs.
This form must be turned in to the Recreation Office 3 weeks before the start of the program.

Head of Household _____ Date _____

Mailing Address _____ City _____ Zip _____

Telephone Number (best) _____ Email Address _____

Date of Birth _____ School _____ Grade _____

Program #	Program Name	Fee	% Requested 25%, 50%, other	First Name	Last Name

Current Employment / Company Name _____ Phone Number (w) _____

Address _____ City _____ State _____

Job Title _____

Statement of Need: Please state the circumstances that you feel qualify you for the scholarship program. Explain why paying for the above program creates a hardship. If you qualify for State or Federal assistance programs or low-income program, please note that. Include financial and/or personal information that supports your request (i.e. declaration letter from school, tax return, etc.).

<u>ACTION</u>		
Date Received _____	Date Notification Sent _____	
Approved _____	Amount Approved _____	Balance Due _____
Denied _____	Reason _____	
Signature _____	Date _____	