

Application/Request
Youth Sports Scholarship Fund

Date:

Program:

Program Participant Name:

Birthdate:

Applicant Information (Parent or Guardian)

Last Name:

First Name

Address

Phone

E-mail

The following documents serve as proof of meeting program eligibility. Please check all that apply and attach a copy of verified documentation.

Douglas County School District free or reduced lunch program enrollment.

Financial or Emergency Assistance from Douglas County Office of Social Services.

Special needs Requests

A one-time request may be made for families with a recent financial crisis or unfortunate circumstance. If you are requesting a special need scholarship, please provide a descriptive of the reasons for your request and any documentation that may apply.

I(we) understand that this information is provided confidentially and will be regarded as such by the Highlands Ranch Parks & Recreation Foundation and the staff of the Highlands Ranch Metro District. I (we) understand the parameters of funding and agree to abide by them.

Signature of Applicant:

Date:

Submit application to Carolyn Peters, Recreation & Park Services Manager, Highlands Ranch Metro District, 3280 Redstone Park Circle, Highlands Ranch 80129 or cpeters@highlandsranch.org