



Youth Sports Scholarship Fund Application/Request

Program Participant Name	Birthdate	Program
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 brief description 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: _____