



## Program Scholarship

Applicant must request scholarship **before** registering for program in order to be eligible for reduced fee.

### Personal Information:

Legal Name (First, MI, Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Total number in family- Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Are you on the free/ reduced lunch program? \_\_\_\_\_

Gross annual household income: \_\_\_\_\_

Do you have an Operation Threshold Key Card? \_\_\_\_\_

### Assistance Requested:

Participants Name	Program	Ammount Requested

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing above, I acknowledge that all the above information is accurate.*

**Any electronic signatures appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.**

Approved by: \_\_\_\_\_ Date Received: \_\_\_\_\_  
*(Staff Only)*

Comments:

Applicants are reviewed weekly after the appropriate registration start date.

Program scholarships will be awarded up to 75% cost of each not exceeding \$100 per person/calendar year.

Drop off or mail to: Attn: Amy Davison, Hartman Reserve Nature Center, 657 Reserve Drive, Cedar Falls, IA 50613

Send via email to: [adavison@blackhawkcounty.iowa.gov](mailto:adavison@blackhawkcounty.iowa.gov)