

SCHOLARSHIP GUIDELINES

City of Rapid City

PARKS & RECREATION

GOAL: *It is the policy of the City of Rapid City, Parks & Recreation Department to provide financial assistance for entry into City programs and facilities to citizens of the City of Rapid City where the need exists. It is primarily the City's intention to give scholarships for the youth of our City but adults needing financial aid can also apply.*

Scholarship Committee: The Parks and Recreation Scholarship committee will be made up of three Parks and Recreation staff members to include the Recreation or Aquatic Division Manager, who's program is being impacted with the scholarship, the department's Administrative Assistant, and the Parks and Recreation Director. This committee will meet to discuss and make a decision on the scholarship within 30 days after receiving the application. The committee will decide solely on financial need. All citizens seeking financial assistance will be required to fill out a financial aid application.

- 1 The following information must be provided:
 - a. Proof of city residency
 - b. Proof of parent or guardianship
 - c. Proof of annual or monthly income (A copy of the past years income tax form may be requested for proof)
- 2 Each application will be thoroughly evaluated by the scholarship committee and judged solely on financial need.
- 3 If approved, the individual or family (if family request) will receive between 10% and 100% of the program or entry fee cost up to \$50.00. If receiving less than 100% of the program cost it will be the applicant's responsibility to make up the additional payment in order to attend the requested program.
- 4 There is a limit of one scholarship per individual per calendar quarter. Quarters are as follows: January-March, April-June, July-September, and October-December. A new scholarship application must be submitted each quarter in order to receive benefit for that quarter. (Note: Some contract programs will not be given scholarships or will have their own scholarship programs. If a family receives a scholarship from a contract program it will not be counted against Rapid City Recreation limit.)
- 5 Scholarships are limited to individuals only. Groups and organizations are not eligible to apply.
- 6 Scholarship applicants will be notified by phone or with a letter outlining the scholarship amount and usage requirements.
- 7 The financial requirements will be based on the financial aid guidelines in Schedule "A". These guidelines will be reviewed every two years.
- 8 No more than 20% of the program spaces can be allocated to a scholarship participants, and only if space is available.
- 9 Scholarships can be used for programming only. (Aquatic, Recreation or Ice)

Schedule “A” Financial Aid Guidelines

Percentage is the amount that the applicant would receive. Applicants with one or more children wanting in the same program would increase the percentage by 5%. (Example: household with 1 adult and 2 children at step 3 wanting the two children in the same program would receive 95% for each child. They would have to pay 5% of the program cost for each child.)

Members of immediate family living in household.

S T E P S	Yearly Income Up To	Monthly Income	1	2	3	4	5	6 Or More
1	\$ 9,310	\$ 775	90%	90%	100%	100%	100%	100%
2	\$ 12,490	\$ 1,041	80%	90%	90%	100%	100%	100%
3	\$ 15,670	\$ 1,305	70%	80%	90%	90%	100%	100%
4	\$ 18,850	\$ 1,570	60%	70%	80%	90%	90%	100%
5	\$ 22,030	\$ 1,835	50%	60%	70%	80%	90%	90%
6	\$ 25,210	\$ 2,100	40%	50%	60%	70%	80%	90%
7	\$ 28,390	\$ 2,365	0%	40%	50%	60%	70%	80%
8	\$ 31,570	\$ 2,630	0%	0%	40%	50%	60%	70%
9	\$ 34,750	\$ 2,895	0%	0%	0%	30%	40%	50%
10	\$ 37,930	\$ 3,160	0%	0%	0%	0%	30%	40%

1/25/05

City of Rapid City
Parks & Recreation Department
125 Waterloo St – Rapid City, SD 57701
Phone: 605-394-5225 FAX: 605-394-5226

SCHOLARSHIP APPLICATION

Today's Date:		Program Name:	
Your Last Name:		First:	
Physical Address:		Phone/Home: Work:	
Mailing Address:			
Employer:		Employer Phone:	
Social Security Number: Yours:		Spouse:	
Spouse's Last Name:		First:	
Spouse's Employer:		Employer Phone:	
Child's Name:	Age:	Child's Name:	Age:
Child's Name:	Age:	Child's Name:	Age:
Annual Income: Last Year (2004)		Current Monthly Income: (2005):	
Do you receive financial aid or public assistance of any kind?		<input type="checkbox"/> Yes <input type="checkbox"/> No:	
If yes, what type of aid and how much do you receive?			
Family size (yourself and any dependents) <i>circle one</i> 1 2 3 4 5 6 7 8			
Please share any information about your situation that would help us in considering your request. Please include information about how this program will help you. Also include any unusual financial hardships. Attach any additional pages, if necessary.			
Signature:			

Please Note: ** Please provide financial documentation to support your scholarship request. **

Implemented __/__/____

1/25/05

Office Use Only
Date Application Submitted:
Date Review Completed:
Amount Approved: \$
Applicant pays: \$
Effective Quarter: (Circle one) January April July October

Implemented __/__/____