



McFarland School District **Recreation & Aquatics Scholarship**

Information & Application

McFarland Recreation, Activities, & Play (MRAP) and the Angie O'Donnell Aquatic Center want to ensure that all community members have the opportunity to participate in recreation and aquatic activities, regardless of income.

Scholarship Information

Who can qualify for a Scholarship? Applicants must meet all of these criteria:

1. Applicants must be students of the McFarland School District.
2. Applicants must qualify for the NSLP Free/Reduced Meals program.
3. If not a student of the district, residents of the McFarland School District may still apply.

What is the Scholarship Period?

The Scholarship period runs for one year, from September 1st to August 31st of the next calendar year. Recipients are responsible for reapplying at the end of their Scholarship period to be enrolled for the next Sept 1st-Aug 31st Scholarship period.

What programs does the Scholarship include?

1. One winter recreation activity at no cost (no pool offered for winter).
2. One fall recreation activity and one pool lesson session at no cost.
3. One spring recreation activity and one pool lesson session at no cost.
4. **ONE** summer recreation activity and one pool lesson session at no cost.
5. Open pool for the Sept 1st-Aug 31st year at no cost.

*Scholarship approval does not guarantee recreation activity/swim lesson session availability; it is the responsibility of the family to enroll the child(ren) in each recreation activity and/or swimming lesson session. Please contact the Recreation Coordinator and/or Aquatic Director for enrollment assistance.

Application Process

1. Call us at 838-3168 or 838-4666 to sign up over the phone, or email us the form listed below to mrp@mcfds.org.



Recreation & Aquatics Scholarship Application

1. INFORMATION ABOUT ADULTS IN THE HOUSEHOLD (Please Print):

Parent/Guardian Name (First & Last) _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone # _____ Alt. Phone # _____ Email Address _____

2. INFORMATION ON ALL DEPENDENT CHILDREN IN THE HOUSEHOLD (Please Print):

Child's Name (First & Last)	Gender	Date of Birth (mm/dd/yyyy)	Grade Level

3. EMERGENCY CONTACT INFORMATION (Please Print):

Emergency Contact Name: _____

Emergency Contact Phone # _____

4. AUTHORIZATION: Please INITIAL authorizing the McFarland School District to provide the status of free/reduced meals.

I certify that the above information is true and complete. I understand that officials at McFarland Recreation, Activities, & Play as well as the Angie O'Donnell Aquatic Center may need to verify the information on my application and that misrepresenting information will result in denial of assistance and may prohibit future eligibility in the Scholarship Program.

Signature _____ Date _____

Please return the completed form to MRAP by scanning/taking a photo and emailing to mrap@mcfds.org or dropping off at the MRAP/AOAC offices

Official Use Only

Free/Reduced Meal Qualifier: _____

Scholarship Period: September 1, 20____-August 31, 20____

Application: Approved Denied

Staff Initials: _____