



Office Address: 900 S. Marshall, Marshall, MI 49068
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2018-2019

Your child may qualify for assistance through the Marshall Recreation Department's Scholarship Program!

One of the Marshall Recreation Department's goals is to encourage and enable the youth in our community to participate in Department programs. Your child(ren) may qualify for Recreation Department Program assistance.

It's easy, simply review the Scholarship Criteria, if you meet eligibility requirements, complete the form (one for each child) and return it to the Marshall Recreation Department. Once the completed form is received, your child(ren) are immediately eligible to use scholarship dollars for any Recreation Department program offered to youth. Don't hesitate to call us at 269/781-5166 should you have questions!

Criteria:

1. Youth must be under 18 years of age.
2. Scholarships are available to City of Marshall residents (or property owners), Marshall Public School residents, and youth attending MarLee School or Marshall Academy.
3. Scholarships may be used for all Department sponsored youth activities.
4. Scholarships cover individual fees.
5. The recipient's family income meets the guidelines below.
6. **Proof of income is required.**
7. \$50 maximum per quarter per youth may be awarded. (July-September) (October-December) (January-March) (April-June)
8. Participant co-pay follows:
 - \$10 per child per program for City of Marshall Resident, Scholarship pays the balance. Maximum of \$50 per quarter.
 - \$15 per child per program for All Others, Scholarship pays the remaining amount. Maximum of \$50 per quarter.
 - Only one week of Summer 'Fun' Playground is eligible to receive scholarship assistance.

Family Size	INCOME ELIGIBILITY REQUIREMENTS 18/19 SCHOOL YEAR		
	Annual	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	\$29,637	\$2,470	\$570
3	\$37,296	\$3,108	\$718
4	\$44,955	\$3,747	\$865
5	\$52,614	\$4,385	\$1,012
6	\$60,273	\$5,023	\$1,160
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455
For each add'l family member add:	\$7,696	\$ 642	\$ 148

Youth Participant _____ Date of Birth _____ Parent Guardian _____
 H Ph _____ Cell _____ E-Mail _____
 Participant Address _____ City _____ Zip _____
 Please check one: City of Marshall Resident (or property taxpayer) Marshall Public School District Other

I understand the scholarship program has financial guidelines and the participant meets the criteria. I also understand that the Marshall Recreation Department, program supervisors, program co-sponsors, the Marshall Public Schools and any volunteers are in no way responsible for any injury that may be incurred by my child during the program(s) in which he/she is participating. By my signature, I acknowledge the information provided is accurate and I have read and understand each provision of the release stated above.

Signature - Parent/Legal Guardian

Date