



# AdVenture Scholarship Request Form For Adult Participants with Disabilities

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person (if other than the participant): \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

**Boise Parks & Recreation provides scholarships to qualified participants with disabilities, defined by the Americans with Disabilities Act.**

Do you have a current disability as defined by the Americans with Disabilities Act? Yes \_\_\_ No \_\_\_

To ensure that you have the correct scholarship form, are you over the age of 18? Yes \_\_\_ No \_\_\_

**Please provide your monthly income, as applicable (Do not list your SSN):**

Social Security Income (\$)	Disability Income (\$)	Employment (\$)	Other Income (\$)*

\*If other, please explain (i.e., food stamps, allowance, unemployment, etc): \_\_\_\_\_

How many people are you financially responsible for? \_\_\_\_\_

**Participants with disabilities may receive up to \$500.00 per person, per fiscal year (October 1<sup>st</sup> to September 30<sup>th</sup>)**

## SCHOLARSHIP GUIDELINES

As a recipient of Boise Parks and Recreation Scholarship program, the participant agrees to the following terms. The participant understands that non-compliance with the terms could result in loss of their scholarship.

1. The participant agrees to attend the program and will notify the Scholarship Administrator (located at Fort Boise Community Center) of any absence. Each absence will be evaluated on a case by case basis. **Any unapproved absences could result in loss of a scholarship.**
2. If your scholarship is taken away due to unapproved absences, you are still welcome to take classes through Boise Parks and Recreation however; you will have to pay the full class fee and will not be able to re-apply for a scholarship until our next fiscal year which begins every October 1st. However, if your scholarship is taken away during the summer months, you will not be able to re-apply for a scholarship until January of the next year.
3. The participant agrees to inform the Scholarship Administrator about changes to circumstances and/or financial standing.
4. The participant agrees to inform the Scholarship Administrator if they will not be able to attend a class/program at least one week prior to the start of the activity.

Signature of Participant (or Guardian if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

<i>For Office Use Only</i>	
Resident _____	Apply <input type="checkbox"/>
Non Resident _____	Tickler <input type="checkbox"/>
Approved % _____	
Contact by Phone <input type="checkbox"/>	Email <input type="checkbox"/>
_____	

Submit to: **Fort Boise Community Center**  
 Attn: Scholarship Request  
 700 Robbins Road, Boise ID, 83702  
 Questions? Call 208.608.7680  
 or email [activities@cityofboise.org](mailto:activities@cityofboise.org)  
 208.608.7686 Scholarship Administrator; Fax 608-7699