



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 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 \$250.00 per person, per fiscal year (October 1st to September 30th)

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: _____

For Office Use Only	
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
 208.608.7686 Scholarship Administrator; Fax 608-7699