



## OUR MISSION

The mission of the Redwood Falls Community Youth Foundation is to enhance youth participation in community recreation and education



## PURPOSE

The Foundation will provide scholarships to youth who may find that full registration fee for an activity is a hardship.

The Community Youth Foundation was formed by dedicated parents, along with the City Recreation Department and the Redwood Area Community Education Department in an effort to encourage participation in organized recreation and education activities and reduce "risky" behaviors in youth. This Foundation would also help families who have short-term hardships with finances so their children would be able to participate in organized activities.

Any child who resides in your home may be eligible for a scholarship including foster children.



## CONTRIBUTORS



## CONTACT INFORMATION

Community Youth Foundation  
901 Cook Street  
Redwood Falls, MN 56283  
507-644-2333



## REDWOOD FALLS

# Community Youth Foundation



**Redwood Falls Community Youth Foundation is a part of the Redwood Area Communities Foundations**



# COMMUNITY YOUTH FOUNDATION APPLICATION FORM

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F

Name of Parent(s)/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list the number of people in your household \_\_\_\_\_

What is the household monthly income?  
\$ \_\_\_\_\_ (Gross Income, not take home)

Are there any circumstances that you feel may qualify you for assistance, e.g. medical, disaster?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe circumstances with supporting data  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and correct

\_\_\_\_\_  
Signature of Adult Household Member

## Activities Applying For (2 max per quarter—please see payment plan below)

<u>Activity</u>	<u>Code</u>	<u>Fee</u>	<u>Applicant Responsibility</u>	<u>CYF Contribution</u>
1. _____	_____	\$ _____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____	\$ _____
<b>Total Fees</b>		\$ _____	\$ _____	\$ _____

Check here if applying for a \$50 Chris Ellig Memorial Scholarship.  
(Note: if applying for a \$50 Chris Ellig Memorial Scholarship you may still apply for 2 activities per quarter).

## SCHOLARSHIP PAYMENT PLAN

	<u>Applicants Responsibility</u>	<u>CYF Contribution</u>
Activities Under \$25	Minimum \$5 Fee	Remaining Fee
Activities \$26-\$50	Minimum \$10 Fee	Remaining Fee
Activities \$51-\$100	Minimum 1/2 of Fee	1/2 of Fee
Activities \$101 & Up	Remainder of Fee	\$75

- Please complete a separate form for each child requesting a scholarship.
- Due to limited funds this scholarship is based on a first come, first serve basis.
  - All applications are confidential.
- Being accepted for a scholarship does NOT guarantee placement in a particular class you MUST come and complete regular registration for classes.
  - Each applicant must reapply each quarter.