

AdVenture Scholarship Request Form For Adult Participants with Disabilities

Participant's Name:			Birth Date:			
			City & Zip:			
Cell Phone:		Other Phone:	Email:			
Contact Person (if other than the participant):				Relation to Participant:		
Contact Phone Number	er(s):			_		
		vides scholarships to q ct. Financial documen			ilities, defined by the he scholarship process.	
		ned by the Americans w				
•		rect scholarship form, an	•		No	
Please provide your i	nonthly i	ncome, as applicable (Do not list your SS	<u>SN</u>):		
Social Security Inco	me (\$)	Disability Income (S	\$) Emp	ployment (\$)	Other Income (\$)*	
«If other places explo	in (i.a. fac	od stamps, allowance, une	mulaymant ata):			
ii otner, piease expia	III (1.e., 100	od stamps, anowance, une	inproyment, etc)			
How many people are	you finan	cially responsible for?				
Participants with dis	sabilities	may receive up to \$50	0.00 per person.	ner fiscal vear (October 1st to September 30th	
Turvicipulity with all		may receive up to wee	otoo per person,	per risear year (decorate in the september of	
		SCHOLAR	SHIP GUIDEL	LINES		
	D 1	15 0.1.1.1				
•		d Recreation Scholarsh -compliance with the te			to the following terms. The	
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Community Cente	r) of any				trator (located at Fort Boise e basis. Any unapproved	
		<u>-</u>	ed absences, vou a	re still welcome	to take classes through Boise	
					able to re-apply for a scholarshi	
	•	•		•	nip is taken away during the	
		ot be able to re-apply fo			e next year. umstances and/or financial	
standing.	ices to iii	orm the Scholarship Ac	diministrator about	t changes to effect	anistances and/or imanetar	
4. The participant ag		form the Scholarship Actart of the activity.	dministrator if the	y will not be able	e to attend a class/program at	
Signature of Participant (or Guardian if applicable):				Date:		
<u> </u>						
For Office l			Submit to: F	Fort Roise Com	munity Center	
Resident Apply □				Submit to: Fort Boise Community Center Attn: Scholarship Request		
Non Resident Tickler □ Approved %				700 Robbins Road, Boise ID, 83702		
Contact by Phone				Questions? Call 208.608.7680		
23macr of Thone E			or email	activities@city	<u>vofboise.org</u>	

208.608.7686 Scholarship Administrator; Fax 608-7699