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 & 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):

<table>
<thead>
<tr>
<th>Social Security Income ($)</th>
<th>Disability Income ($)</th>
<th>Employment ($)</th>
<th>Other Income ($)</th>
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*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: ______________

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

For Office Use Only
Resident ______ Apply ☐
Non Resident _____ Tickler ☐
Approved % _______
Contact by Phone ☐ Email ☐
_________________________