



Havasu For Youth ~ Youth Enrichment Scholarship Application

This program provides scholarships for qualified youth so that they can play sports and enroll in enrichment activities. United Way, City Grants and private donations support this effort.

- ❖ Each qualified child has \$50.00 per FISCAL year (July 1st – June 30th) in assistance, please use assistance wisely.
- ❖ If your child receives FREE or REDUCED lunches from their school, we need you to contact Linda Mayes at the Aramark office at (928) 854-5413. You will be provided a copy of the letter of approval to submit with your application.

Assistance requested for which sport? _____ Today's date: _____

Cost of the sport program \$ _____

Child's name: _____ Male Female (Please circle)

School: _____ Grade: _____

My child receives **FREE** or **REDUCED** lunch from Aramark. (Please circle)

Racial and Ethnic Identities (Please circle)

African American Asian Hispanic or Latino Native American Pacific Islander White/Caucasian Other

Parent/Guardian: _____ Phone # _____

Address (including zip code): _____

E-mail (Optional): _____

Single parent home: YES NO Parent(s) work: Full time Part time Seeking work Disabled

How many adults live in household? _____ How many children live in household? _____

Monthly household income from work \$ _____

Monthly income from additional sources (Please circle below) \$ _____

Disability Social Security Child Support Alimony Unemployment Other

For Havasu For Youth use only:

Assistance amount \$ _____

Approved by: _____

Date approved: _____