



Scholarship Application

- One scholarship per school or organization per year for a Hamilton County school or organized group
- Scholarship will pay for 75% of the cost of the program fee up to a maximum of \$300.00
- Register for the program, paying only 25% of the fee until all applications have been reviewed and selection for the scholarship confirmed.

School/Organization information:

1. School/Organization name: _____

Address of school/organization: _____

2. Name and Phone # of Contact Person: _____

3. E-mail address of contact person: _____

4. Group Size (include chaperones and children): _____

5. Ages or grade level: _____

6. Brief description of your organization: _____

7. Reason a scholarship is needed: _____

8. Importance of an experience at a Great Parks of Hamilton County program for the participants: _____

9. Family income Level of Participants

_____ % of families that qualify for free lunch or reduced lunch program in the building.

_____ Other-please explain: _____

Program Information:

10. Program Title: _____

11. Program Date(s): _____

12. Program Cost: _____

I hereby certify that all of the above information is true and correct. In addition, I understand that the Great Parks of Hamilton County may verify the information on this application.

Signature of Contact Person _____ Date: _____

Position of Contact person _____

Group Scholarship Applications **must be received at Winton Centre** at least a month before the program.
Mail to: Great Parks of Hamilton County, 10245 Winton Rd., Cincinnati, Ohio 45231