



**PARC (Participation at Reduced Cost) and Courtney Shupe Scholarship Program
Partner Application Form**

Family Name _____

Telephone _____

Address _____

City/State/Zip _____

Please list family members to be included in the PARC and Shupe Scholarship program (Must include at least one family member 17 or under):

Name _____

Date of Birth _____

Name _____

Date of Birth _____

Name _____

Date of Birth _____

Name _____

Date of Birth _____

Please attach documentation showing your family is eligible for one of the following programs (*check all that apply*):

- Temporary Assistance for Needy Families (TANF)
- Supplemental Social Security Income (SSI)
- Medicaid, MC+ or Medical Assistance for Families

- Section 8 Housing
- Aid To Dependent Children
- Title 1 School Meal Program

Name of person or official who can verify your eligibility through the above program:

Name _____

Agency _____

Daytime Phone _____

E-mail _____

I, _____ (*name of applicant*) give permission to authorize the City of Kirkwood Parks and Recreation Department officials to verify information on this application. I also understand that deliberate misrepresentation of information subjects the applicant(s) to being disqualified for scholarship consideration. I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Signature of Applicant _____

Date _____

Complete this form and return to:

PARC and Shupe Scholarship Coordinator ~ Kirkwood Parks and Recreation Department
111 South Geyer Road Kirkwood, MO 63122 ~ Office: 314-822-5855 ~ Fax: 314-984-5931

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 Approved     Denied    By \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

\*PARC allows for one (1) program at half price per child per year in any program area. The Shupe allows for a \$40 youth and/or \$47.50 adult season pass or \$22.50 10-Punch admission card for each individual for the aquatic center. The Shupe Scholarship program also includes 1 free swim or dive lesson session, then 1/2 price for additional sessions. Application is good for two years from the date of approval.