



THE GARDENS
ON SPRING CREEK

Youth Programs Scholarship Application



The Gardens on Spring Creek receives a limited amount of funding each year to provide scholarships for children who qualify based on financial need. If interested in applying, please complete this form and submit it to the Gardens. Applicants will be notified about registration and eligibility by phone. This information will be held confidential. Please submit one application per child. Maximum per year, per child scholarship is \$270. Scholarship requests will be processed based on the order they are received.

Contact Information

| | | | |
|------------------------|--|------------|--|
| Parent/Guardian Name | | | |
| Address | | | |
| Phone number | | | |
| E-Mail Address | | | |
| Youth Participant Name | | Birthdate: | |

Program(s) of interest, (in order of preference)

| | | | | |
|----|--|----|----|----------|
| 1. | | AM | PM | FULL Day |
| 2. | | AM | PM | FULL Day |
| 3. | | AM | PM | FULL Day |

Request for Funding

Does your child or family qualify for a Colorado Peak program or other public assistance program?

(Quest card, Health First Colorado, unemployment subsidy, or school nutrition program, such as Free or Reduced rate meal programs.)

_____ Yes

_____ No

If No, please support your request for a scholarship in your own words. (You can attach information if needed)

Partial scholarship support is also available. If your family can pay for part of the program fees, how much would you be able to contribute? \$_____

Please Read and Sign

I understand that tuition scholarship opportunities are limited. If my child is awarded one, I will ensure that they attend the camp. Cancellations must be made two weeks prior to the start of the camp. If my child does not attend and I do not cancel within the appropriate time, I will not be eligible for a tuition waiver in the future. By submitting this application, I affirm that the facts set forth in it are true and complete.

| | | | |
|---------------------|--|-------|--|
| Name (please print) | | | |
| Signature | | Date: | |

Please return completed application form to

Gardens on Spring Creek, Youth Programs, 2145 Centre Avenue, Fort Collins, CO 80526 or gardens@fcgov.com.

If you have any questions, please contact us at (970) 416-2491