



**City of Buckeye  
Recreation Division  
Youth Scholarship Application**

<b>PARENT OR GUARDIAN NAME:</b>		<b>RELATIONSHIP TO CHILD</b>	
<b>HOME ADDRESS</b>			
<b>STATE</b>	<b>ZIP</b>	<b>HOME PHONE NUMBER</b>	<b>CELL PHONE NUMBER</b>
<b>FAMILY'S MONTHLY GROSS INCOME</b>		<b>NUMBER OF ADULTS IN HOUSEHOLD</b>	<b>NUMBER OF YOUTH IN HOUSEHOLD</b>

**Have you used this program in the past?**     **YES**     **NO**

**Type of Documentation Required to be Attached:**

**Tax Statement from most recent calendar year**     **Two (2) of your most recent paychecks**     **Proof of Residency**

<b>CHILD #1 NAME</b>		<b>CHILD #2 NAME</b>	
<b>DATE OF BIRTH</b>	<b>MALE / FEMALE</b> <i>(CIRCLE ONE)</i>	<b>DATE OF BIRTH</b>	<b>MALE / FEMALE</b> <i>(CIRCLE ONE)</i>
<b>CHILD #3 NAME</b>		<b>CHILD #4 NAME</b>	
<b>DATE OF BIRTH</b>	<b>MALE / FEMALE</b> <i>(CIRCLE ONE)</i>	<b>DATE OF BIRTH</b>	<b>MALE / FEMALE</b> <i>(CIRCLE ONE)</i>

I/we hereby release and forever discharge the City of Buckeye, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants and employees, and any and all other persons, firms or corporations who are or might be liable from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Buckeye recreation program. The waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of the recreation program. In that regard, I/we consent to indemnity, defend and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorney's fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. I/we give permission for my child to be video taped or photographed by the City of Buckeye employees to be used at the site for activities and for any program advertisements for the City of Buckeye. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the City of Buckeye, its officers, employees, or agents.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE:**

Total Amount of Requested Scholarship: \$ \_\_\_\_\_ Amount Granted By Department \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Calendar Year: \_\_\_\_\_

Fee Structure:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Pays \$3.00/activity     | <input type="checkbox"/> Pays 20% of Activity Fee | <input type="checkbox"/> Pays 40% of Activity Fee |
| <input type="checkbox"/> Pays 60% of activity Fee | <input type="checkbox"/> Pays 80% of Activity Fee | <input type="checkbox"/> Does Not Qualify         |