



City of Buckeye Scholarship Application

RESPONSIBLE PARTY NAME:		RELATIONSHIP TO PARTICIPANT	
HOME ADDRESS			
STATE	ZIP	HOME PHONE NUMBER	CELL PHONE NUMBER
FAMILY'S MONTHLY GROSS INCOME		NUMBER OF ADULTS IN HOUSEHOLD	NUMBER OF YOUTH IN HOUSEHOLD

Have you used this program in the past? YES NO

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

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 |